

NHS Greater Glasgow & Clyde

Anti-Racism Plan

2025-2029

Introduction

NHS Greater Glasgow and Clyde (NHSGGC) have committed to develop and deliver an Anti-racism Plan which will align with our Public Sector Equality Duty Equality Outcomes (2025 – 2029). The Plan follows guidance developed by the Scottish Government which was communicated to Boards in the [Directors Letter \(2024\) 23](#) and brings together our extensive existing programmes of work and planned new programmes in a single, clear document.

The Plan sets out a vision and mission for building on our existing work to further build and protect an inclusive and equitable service environment for our patients, service users, staff, and volunteers.

Our Vision

NHSGGC is committed to becoming a leading anti-racism organisation, ensuring our workforce at every level represents the communities we serve, and that we are inclusive and welcoming of all patients and staff.

Our Mission

We will mainstream measures to actively seek out and remove racism and discriminatory practice and the systems and behaviours that perpetuate it, and will ensure that everyone feels empowered to call out such behaviours, systems and practices to ensure equity of outcomes for all. To do this, staff and patients with lived experience of racism and third sector partners will tell us how well we are meeting our vision and co-produce the tools we need to understand, tackle and evaluate our anti-racism work.

Our Partnership Approach to Design

Our Anti-racism Plan has been developed using strong and trusted engagement methods we've tested and refined over a number of years. We learn from lived experience of racism as described by our staff via our Black & Minority Ethnic (BME) Staff Network and from people who use our services through sensitised engagement approaches deployed by our Equality and Human Rights Team (EHRT) and Patient Experience Public Involvement (PFPI) team. Our approach ensures people with lived experience of racism can co-create meaningful actions to steer the organisation towards an anti-racism culture underpinned by a strong sense of cohesion and community.

Our Key themes

We have captured our actions under key themes which combine to ensure our efforts result in a system-wide approach and tackle racism at cultural, structural and individual level.

1. Leadership and accountability

Our leaders will be visible in their commitment to stand against racism and will work together to ensure their power and influence successfully delivers our vision and mission.

Our leaders will continue to invest in established anti-racism work including BME leadership mentoring programmes and activity to further diversify representation of BME people in leadership positions.

This organisational commitment will be assured via robust governance and performance management through close oversight by the Board and through ongoing supported feedback from people with lived experience of racism. Our staff training content and delivery methods will be informed by the work of partners with experience in the field and our combined efforts will be evaluated by our third sector critical friends.

2. Data and Evidence

We will use and adapt where necessary mainstream systems to capture evidence of progress against our vision and mission. Our workforce will be supported to provide equality monitoring data that will allow the organisation to more accurately determine whether we have a workforce that reflects the communities we serve and what additional measures need to be taken to enhance inclusion. Accurate workforce equality data and effective analysis will allow us to identify any possible patterning in recruitment to job families and trigger action to tackle possible segregation in job roles.

Patient data will be used to measure whether our mainstream services are fit for purpose and have adopted a person-centred care approach that is inclusive of the needs of BME people. Our patient data systems are showing significant improvements in capture of ethnicity data since 2020, but there remains a need for more nuanced analysis of data to determine whether commitments to provide equity of access to patient services is working consistently for BME people.

Our 2025 BME 'boosted' Health and Wellbeing Survey will provide the context to better understand self-reported health and patterning of self-reported poor health by ethnicity and will inform work that will be directly accountable for improvements.

3. Workforce, Culture and Wellbeing

We have ongoing programmes of work that focus attention and resources on creating a workplace that provides equitable opportunities for BME employees and candidates and makes clear our anti-racism position. This work includes a dedicated BME leadership programme and a corporately supported BME Staff Network to facilitate engagement with BME employees. The latter has proved invaluable in identifying barriers experienced by BME employees and agreeing mitigating actions. To ensure this work can continue to flourish, Network members will receive ongoing support including dedicated time away from substantive posts.

Our Hate Crime reporting work will continue to develop from a position of strength, whereby all perceived hate incidents are supported to be reported via NHSGGC's incident reporting system. Ongoing analysis clearly indicates racist incidents are the most commonly reported, leading to system-wide campaigns to further support reporting backed up by bookable scheduled training.

Moving forward, we will deliver equality, diversity and inclusion training to all NHSGGC managers which will include content that makes clear the manager's role in tackling racism in the workplace. This will sit alongside our delivery of a range of anti-racism staff-facing learning opportunities developed by the Coalition for Racial Equality & Rights (CRER).

4. Equality Focused Service Delivery

We will continue to bring rigour to the review of services through our Equality Impact Assessment (EQIA) Programme. The programme applies a bespoke NHSGGC template to help consider possible consequences of service change or policy development on the grounds of legally protected characteristics. All assessments are published on the NHSGGC website.

Sitting beneath the EQIA programme, our Frontline Equality Access Tool (FEAT) has been deployed within acute settings in order to better understand how equality legislation is translated into everyday activity by our staff. The tool allows us to identify areas where staff need additional support to ensure their efforts result in equitable patient care and patient choices. This work has helped us develop our BME Pathway application, a resource to support staff understand and respond sensitively to the needs of BME patients. The application will be launched in 2025 and will form a key pillar of our anti-racism person-centred care work.

While we apply an inclusive and anti-discriminatory filter on a system-wide basis (with the aspiration that everyone will enjoy their rights to the best possible service), we acknowledge that there are some service areas where feedback suggests higher risk of poorer outcomes for BME people. Guided by national evidence, we will pay particular attention to ensuring an anti-racism approach is taken within mental health, perinatal care and type 2 diabetes and cardiovascular prevention work.

5. Ongoing testing through engagement with lived experience communities

Across the life of the Plan we will seek out feedback from staff and patients with lived experience of racism and from third sector partners who are engaged in this work. Their feedback will tell us how well we are meeting our vision and inform the co-production of the tools we need to understand, tackle and evaluate our anti-racism work.

Guidance Element: Leadership & Accountability

No	Areas of focus	Identified Additional Requirement	Owner	Timescale
1.1	Make an explicit, visible commitment to anti-racism by senior leadership and a plan or sustained engagement with staff.	NHSGGC anti-racism objectives developed and agreed in line with national guidance	Director of Human Resources and Organisational Development	October 2024
1.2	Build understanding and capacity on anti-racism. Commitment to sustained anti-racism training and development for all leaders, including training on cultural competence. This recognises that it is not the responsibility of minority ethnic people to educate others.	NHSGGC will work with CRER in 2024/25 to test their suite of Scottish Government funded resources and augment with existing NHS Education for Scotland packages to develop a long term training plan.	EHRT, Head of Staff Experience	March 2025

Guidance Element: Data & Evidence

No	Areas of focus	Identified Additional Requirement	Owner	Timescale
2.1	Build understanding / confidence (share PHS resources with staff and patients).	Population/patient data: Deliver a BME 'boosted' NHSGGC Health and Wellbeing Survey, to understand the self-reported health and wellbeing and wider health determinants of our population.	Director of Public Health	March 2025
2.2	Monitor and improve levels of completeness and accuracy and of equalities data collections, with an explicit early focus on race and ethnicity data.	Fairer NHSGGC Monitoring Report 2024/25 reporting on completion of patient data on ethnicity	Director of Public Health	March 2025

Guidance Element: Workforce, Culture & Wellbeing

No	Areas of focus	Identified Additional Requirement	Owner	Timescale
3.1	Focus on recruitment, retention and progression to improve workforce diversity, particularly at senior and executive levels. This might include training and support, and diverse panels.	Data led targeted training and support for recruiting managers, including HR attendance at interviews in hotspots	Head of Workforce Planning & Resources	From September 2024
		Identify and confirm funding package to enable us to launch cohort three for our BME leadership programme	Head of Organisational Development (OD)	February 2025
		Mentoring programme for BME Staff launched in January 2025, with a review at the end of the year to identify further opportunities to support career development for BME staff.	Head of OD	Launch January 2025 Review Dec2025
		Complete a review of the on boarding experience of staff joining us from abroad with a view to identifying improvements to support and guidance.	Head of Staff Experience/ Head of Workforce Planning & Resources	December 2025
		Based on lessons from the midwifery Equality, Diversity & Inclusion (EDI) group, take a data led approach to identify other areas of our workforce with lower levels of BME representation and develop plans to address, including where appropriate liaison with higher education institutions.		Target groups to be identified by June 2025.

		Broaden the pool of staff from the equalities forums on our peer panels for senior recruitment	Recruitment Manager	Ongoing
		Annual engagement programme developed, agreed and implemented to promote an inclusive workplace for all staff. Continue to promote the BME Staff Network, building their profile and capacity to advocate for change and improvement.	Head of Staff Experience	March 2025
		Delivery of face-to-face EDI training programme for all NHSGGC people managers in partnership with a nationally recognised provider. Promoting online learning resources – including Race Equality and Cultural Humility – to all staff in NHSGGC.	Head of Learning and Education Head of Staff Experience	December 2025 From February 2025
3.2	Improve reporting of incidents related to racism, discrimination, bullying and harassment. Understand issues with reporting channels and ensure staff feel supported and safe to report incidents.	NHSGGC will work with CRER in 2024/25 to test their suite of Scottish Government funded resources and augment with existing NHS Education for Scotland packages to develop a long term training plan.	Equality & Human Rights Manager/ Spiritual Care Lead	October 2025

Guidance Element: Equity-Focused Service Delivery

No	Areas of focus	Identified Additional Requirement	Owner	Timescale
4.1	Equality Impact Assessments (EQIAs) – early completion to inform changes to, or development and delivery of, services and decisions at every stage	Fairer NHS GGC 2024/25 Equality Outcome – to deliver 40+ frontline practice equality assessments via a tool designed to recognise racism and discrimination in practice delivery, and eliminate it. A key product of the assessment is the supported adoption of our BME service pathway resource to identify and remove barriers to equitable health care.	EHRT	December 2024
		Fairer NHS GGC 2024/25 Mainstreaming action to assess the impact of digital exclusion (including language barriers) on our patients’ ability to access digital developments and identify a standardised approach to mitigation.	Director of Digital Services/ EHRT	March 2025
4.2	Maximise use of PHS equalities data resources to improve race & ethnicity data collection and use data to monitor inequalities and inform improvements to patient care.	Publish and use learning from 2024/2025 Fairer NHS GGC Equality Scheme monitoring report activity, relating to experience of BME people in our care.	EHRT	April 2025
4.3	Establish mechanisms for collaboration with the third sector, community and faith groups, and minority ethnic staff to improve cultural appropriateness, and address barriers to access.	Pilot in partnership with third sector agencies - Minority Ethnic Carers of People Project (MECOPP) - to enhance positive health outcomes for our Gypsy, Roma and Traveller communities	EHRT, West Dunbartonshire Health & Social Care Partnership (HSCP)	March 2025
4.4	Equity-focused service delivery priorities	With support from CRER, facilitated development sessions with BME network and the senior leadership across workforce and the service delivery areas of focus, to inform action development for 2025-2029	EHRT	March 2025

4.4a	Focus on Type 2 Diabetes (T2D) and Cardiovascular Disease (CVD) prevention	Deliver Diabetes Early Intervention and Prevention Framework and promote early identification and intervention in higher risk groups including Black and Minority Ethnic (BME) mothers with Gestational Diabetes.	EHRT	September 2025
4.4b	Focus on Perinatal care	Maternity services will review Key Performance Indicators (KPIs) in 2024-6 to take an explicit anti-racist approach. The focus will be on KPIs that support aims to reduce maternal and infant deaths / poor clinical outcomes, which is patterned by race / interpreting required.	EHRT	March 2026
		Proactive response to the Amma Birth Companions Experience and Outcome Report, published in March 2024: action plan developed with all actions underway and more than 50% complete.	EHRT	September 2025
		Mentoring for global majority prospective applicants for midwifery programmes, providing work experience and support with personal statement, to be in place for 2025 admissions.	EHRT	March 2025
		Staff survey to be conducted on career progression and retention, and experiences of racism.	Staff Experience	October 2025
		Survey of 24,000 individuals on the Healthcare Support Worker (HCSW) database planned, to attract more local people from BME communities into Maternity care assistant roles and potentially midwifery undergraduate education.	EHRT	December 2025
		Best Start EQIAs and 2 FEAs will be completed by Q4 2024/25, with composite review completed.	EHRT	March 2025

Guidance Element: Ongoing Testing Through Engagement with Lived Experience Communities

No	Areas of focus	Identified Additional Requirement	Owner	Timescale
5.1	Ensuring the Plan is a living document and can 'flex' to meet the emerging needs of BME people.	A programme of discussions led by CRER with key stakeholders, to ensure maximum transparency and scrutiny.	EHRT	From February 2025
		As part of ongoing engagement, consider the development of an underpinning performance framework for our anti-racism plan.	EHRT/ Staff Experience	By December 2025
		Ongoing liaison with the Staff BME Network to ensure the anti-racism plan is meeting their expectations and addressing any issues raised	Staff Experience	Ongoing

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For more information please contact us.

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