

NHS Greater Glasgow and Clyde	Paper No. 24/139
Meeting:	NHSGGC Board Meeting
Meeting Date:	17 December 2024
Title:	Anti- Racism Plans – Scottish Government Guidance and NHS Greater Glasgow and Clyde Approach
Sponsoring Director/Manager	Dr Bea von Wissman, Interim Deputy Director of Public Health Anne MacPherson, Director of Human Resources and Organisational Development
Report Author:	Liam Spence, Head of Staff Experience Al Low, Equality & Human Rights Manager

1. Purpose

The purpose of the attached paper is to summarise proposed actions in response to the statement from the Cabinet Secretary setting out the expectation that all Boards will develop and implement anti-racism plans

2. Executive Summary

The paper can be summarised as follows:

- Summary of Scottish Government’s guidance to support Boards develop anti-racism plans and the proposed development of NHSGGC’s plan
- Review of anti-racism work already in train in NHSGGC
- Presentation of proposed NHSGGC Anti-Racism Plan

3. Recommendations

The Board is asked to consider the following recommendations:

- NHSGGC delivers the anti-racist plan in line with the guidance from the Scottish Government

4. Response Required

This paper is presented for approval

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows: *(Provide a high-level assessment of whether the paper increases the likelihood of these being achieved.)*

- Better Health Positive
- Better Care Positive
- Better Value Positive
- Better Workplace Positive
- Equality & Diversity Positive
- Environment Neutral

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- Delivery of an anti-racism plan will be subject to comprehensive engagement in line with standing NHSGGC policy and legislative requirements
- Patient experience of racism has been drawn from legacy engagement evidence captured over the last 10 years from our BME communities and bolstered with additional engagement to inform the 2025/29 'A Fairer NHS Greater Glasgow and Clyde' Equality Scheme
- NHSGGC has engaged with CRER to review the plan and will be working with them on specific areas of interest over the delivery schedule.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Workforce Equality Group
- Staff Governance Committee
- Population Health and Wellbeing Committee
- Corporate Management Team

8. Date Prepared & Issued

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3rd December 2024
10th December 2024

NHS Greater Glasgow and Clyde	Paper 24/139
Meeting:	Board Meeting
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1. Introduction

- 1.1 A [statement](#) from the Cabinet Secretary on 6 September 2024, confirmed that all Health Boards have been asked to develop and implement anti-racism plans.
- 1.2 This paper is presented for comment and assurance and summarises:
 - Key anti-racism work streams already underway in NHS Greater Glasgow and Clyde (NHSGGC).
 - Guidance to support the development of NHS Scotland Board anti-racism plans, as released in the [Directors Letter \(2024\) 23](#) on 9 September 2024 (Summary Appendix 1).
 - Our proposed anti-racism plan for NHSGGC.

2. Background

- 2.1. Scottish Government (Health Workforce Directorate and Directorate for Population Health) have asked Health Boards to accelerate progress in tackling the impacts of racism, on colleagues, service users and health outcomes, with racialised health inequalities highlighted as a public health issue.
- 2.2. Current focus areas included in the Framework for Action are based on the recommendations of the Expert Reference Group on COVID-19 and Ethnicity (ERG), the health goals in the Race Equality Framework for Scotland 2016-2030 (REF) and wider evidence of where improvement is needed across health and care workforce and population level access and outcomes.

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- 2.3. The focus is on people who experience racialised healthcare inequalities, including Black, Asian and minority White groups such as Gypsy Travellers.
- 2.4. In March 2024, requirements were set to embed anti-racism responsibilities within executive objectives for 2024/25, with each set of executive objectives to include the commitment for the Board to develop (if not already in place) and deliver against their own anti-racism plan, to cover both workforce and racialised healthcare inequalities. NHSGGC adopted three objectives for all Executive and Senior Managers which were agreed at the Informal Directors Meeting on 29 July 2024 and shared across all leadership teams. The Board's Remuneration Committee were also informed of this approach through a paper circulated for assurance.
- 2.5. In September 2024, DL(2024)23 provided guidance to support the development of Board's anti-racism plans. The purpose of this framework is to support alignment of national and local action, and to guide Board prioritisation in tackling racialised healthcare inequalities, taking an anti-racism approach, whilst allowing them to identify and add local priorities.
- 2.6. The guidance is summarised in Appendix 1. Briefly, the framework has a twin focus on workforce and service delivery, with leadership and accountability, and data and evidence as key enablers. Plans need to be developed in partnership with colleagues, staffside, management as well as fora and organisations representing minority ethnic colleagues and communities, and these groups need to have a role in delivery and review of progress of the plans. Health Boards are not expected to cover all areas of focus during 2024/25, but to iteratively build the work.

3. Assessment

- 3.1. NHSGGC has a range of equality work streams and the overall mainstreaming approach is contained within our equality scheme – *Meeting the Requirements of Equality Legislation, A Fairer NHS Greater Glasgow and Clyde*. [A Fairer NHSGGC 2024-25 - NHSGGC](#).
- 3.2. Key workstreams that are in place and mainstreamed related specifically to anti-racism approaches have been informed by engagement with BME communities and, for staffing work streams, co-created with our BME Staff Network. These were previously set out for the Board in our Fairer NHS Greater Glasgow and Clyde Scheme and are mapped against the anti-racism plan guidance elements in Appendix 2. Using this framework, we have identified further actions for implementation across 2024 and 2025. This has been developed into a proposed plan in Appendix 3.
- 3.3. In developing this plan, and in line with the guidance, we have set out a proposed vision for our anti-racism plan.

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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.

We will mainstream measures to actively seek out and remove 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 racism.

- 3.4. Under the current scheme of delegation, the Population Health and Wellbeing Committee has oversight of the Equality Scheme as per legislation, with accountability to the Staff Governance Committee regarding the Staff Governance Standard.
- 3.5. Specific objectives have been incorporated within Executive and Senior Manager Objective setting in 2024/25 including:
 - Commitment to diversify Executive/non-Executive board profile through the adoption of inclusive succession planning principles.
 - Visible anti-racism leadership and messaging via internal and external communications.
 - Executive leaders mentoring programme for ethnic minority staff.
- 3.6. The Coalition for Racial Equality and Rights (CRER), has been commissioned by Scottish Government to develop a suite of anti-racism resources for health and social care. In order to ensure that our anti-racism plan is robust and adopts best practice from across the sector and beyond, we are incorporating feedback from CRER into our plan. CRER have agreed to undertake this work early in December 2024.
- 3.7. Across 2025, we will continue to work in partnership with CRER to facilitate development sessions with key stakeholders, to continue to strengthen our plan for delivery from 2026 onwards and provide ongoing assurance that we are on track to deliver our proposed outcomes. As part of this, we will also support CRER to test their suite of resources (including training and evaluation packages) to gain maximum benefit from early adopter evaluation.
- 3.8. A key way in which we will ensure our commitment to Equality, Diversity and Inclusion – including our commitment to anti-racism – is through ensuring a consistency of approach across NHSGGC management. On that basis, we have worked in partnership to procure an EDI training programme for all our people managers to be delivered over 2025. This is funded via the Greater Glasgow and Clyde Healthcare Charity and is being delivered by Glasgow College. As well as a key pillar of our anti-racism strategy, this is a key way in which we will mitigate the risk of claims of discrimination against the organisation by staff members. The first sessions start in December 2024 with a communications plan under development. Details of how to book on are found on our [People Management Intranet Page](#).

4. Conclusions

- 4.1 NHSGGC has in place a number of anti-racism workstreams for both patients and staff across the dimensions of the anti-racism plan guidance.
- 4.2 We have aligned these against the new Scottish Government guidance and tested these with stakeholders to develop our proposed 2024/25 plan.
- 4.3 The anti-racism plan is a significant milestone in NHSGGC's journey to remove discrimination, promote equality of opportunity and foster good relations. As such, we will ensure full alignment with the Board's forthcoming 'Meeting the Requirements of Equality Legislation, A Fairer NHS Greater Glasgow and Clyde (2025-2029)'.
- 4.4 In addition to reporting of the Board's anti-racist plan via the Annual Delivery Plan, as required for 2024/25, we will embed the plan within the existing delivery and governance frameworks for the Board's forthcoming Equality Scheme. This will ensure a specific focus is applied over a four-year development and delivery phase and that future schemes can effectively report through returned mainstreaming evidence.

5. Implementation

- 5.1 The Equality and Human Rights Team within Public Health will lead on the anti-racism plan, with the workforce elements led by the Staff Experience Team in the Human Resources and Organisational Development Directorate.
- 5.2 The final plan will be subject to ongoing monitoring via an annual report to the Population Health and Wellbeing Committee and, for the workforce elements, the Staff Governance Committee.
- 5.3 The Board's 'Meeting the Requirements of Equality Legislation, A Fairer NHS Greater Glasgow and Clyde (2025-2029)' will adopt the pre-approved anti-racism plan as a specific outcome, committing resource across its four-year lifespan to delivering on all actions. After this time, established practice will be mainstreamed and reported on in future schemes and associated monitoring reports.
- 5.4 Successful implementation of the plan will be facilitated by creating high levels of awareness of our vision and mission and the role we all have to play in delivering them. As part of the Plan, we have a number of key workstreams designed to achieve this:
 - Our new Equality, Diversity and Inclusion training for all managers that commences in December 2024 and includes a section on anti-racism, and will link to the Plan.
 - Access to a range of nationally developed online learning resources such as the Cultural Humility module that we will promote across the organisation
 - A partnership with CRER to facilitate workshops, bringing together staff to discuss the Plan and how we can better work together to deliver our vision and mission. This will also include the adoption and

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deployment of CRER's anti-racism tools which will be live in the system later in 2025.

5.5 We recognise the scale of the challenge. Racialised differential outcomes are the product of structural discrimination and require sustained commitment of belief and action to address. On that basis we commit to engage with people who have lived experience of racism across 2025 and avoid repeating mistakes of the past while creating a robust plan for our long term future. We will extend our work with CRER to consider how a performance framework could enable us to realise measureable outcomes and establish longer term mainstreaming goals.

6. Appendices

- 6.1 Appendix 1 - Summary of DL(2024)23 Guidance
- 6.2 Appendix 2 – Assessment of Additional Requirements
- 6.3 Appendix 3 – NHSGGC Anti-Racism Plan 2025-2029

Appendix 1 – Summary of DL(2024)23 Guidance

- 1.1 The framework has a twin focus on workforce and service delivery
 - 1.1.1 Under **workforce, culture & wellbeing**, three areas of focus are:
 - Diverse leadership (recruitment, progression and retention);
 - Incident reporting;
 - Involving staff with lived experience.
 - 1.1.2 Under **equity-focused service delivery**, three areas of focus are:
 - Type 2 Diabetes (T2D) and Cardio-Vascular Disease (CVD) prevention;
 - Perinatal care;
 - Mental health (specifically quality of care and treatment, and services that provide support to people in distress/crisis).
- 1.2 The framework and guidance highlights **two key enablers**:
 - 1.2.1 **Leadership & Accountability**: Strong leadership on anti-racism is crucial, and includes:
 - Taking steps to name racism;
 - Taking steps to understand how it operates;
 - Taking action, including strengthening governance and accountability mechanisms on anti-racism.
 - 1.2.2 **Data and evidence**: Robust data is critical to monitoring equity of access and outcomes, and measuring progress. As such, recommended actions include:
 - Improving levels of completeness and accuracy of data;
 - Building understanding/confidence of equalities data collection and use.
- 1.3 **Development**
 - 1.3.1 Health Boards are not expected to cover all areas of focus in 24/25, but to be ambitious and take the framework into account when agreeing priorities for local anti-racism plans, and iteratively build from there.
 - 1.3.2 Executives should ensure that plans are developed in partnership with colleagues, staffside, management as well as fora and organisations

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representing minority ethnic colleagues and communities, and that these groups have a role in delivery and review of progress of the plans.

1.3.3 Anti-racism plans should be clear about change, outcome and impact to be achieved in lives of minority ethnic communities, and should include:

- Mission and Vision;
- Plan to engage and empower people with experience of racism and discrimination;
- Strategic outcomes specific about impact/change to be achieved;
- Actions, deliverables and indicators for each strategic outcome.

1.4 Reporting

1.4.1 Boards will report on progress with developing and delivering against their anti-racism plan via the Quarterly **Annual Delivery Plan reporting in Q2 and Q4 2024/25**.

1.4.2 **Board Remuneration Committees** are expected to receive assurance, through oversight of executive objectives, that anti-racism objectives have been appropriately set and progress made in the mid- and end-of-year performance review process. This will also be picked up in the end of year oversight by the National Performance Management Committee

1.4.3 Health Boards are encouraged to ensure representation on the **NHS Ethnic Minority Forum** and regularly share their Board progress, initiatives and any challenges or concerns, to support knowledge sharing and best practice.

1.4.4 Health boards are asked to confirm an **Executive Lead** to leadershipandtalentmanagement@gov.scot as point of contact for updates and resources, as well as escalation of queries if required.

Appendix 2 – Assessment of Additional Requirements

This appendix sets out against the Scottish Government guidance current workstreams in place or agreed that relate to tackling racism. We have used this analysis to identify potential additional requirements, which have been set out as our proposed Anti-Racism Plan in Appendix 3.

Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
1. Leadership and Accountability	1.1	Make an explicit, visible commitment to anti-racism by senior leadership and a plan for sustained engagement with staff.	<p>Specific objectives incorporated within Executive and Senior Manager Objective setting in 2024/25 from August 2024</p> <ul style="list-style-type: none"> • Commitment to diversify Executive/non-Executive board profile through the adoption of inclusive succession planning principles. • Visible anti-racism leadership and messaging via internal and external communications. • Executive leaders mentoring programme for ethnic minority staff. 	NHSGGC anti-racism objective developed, agreed and embedded in line with national guidance
	1.2	Strengthen governance and accountability. This includes Board oversight and approval of the anti-racism plan, regular discussion and scrutiny of progress. Prioritise effective, measurable action.	Under the current scheme of delegation the Population Health and Wellbeing Committee, has oversight of the Equality Scheme as per legislation, with accountability to the Staff Governance Committee regarding the Staff Governance Standard equality.	

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
		<p>The Board is supported by lived experience and anti-racism expertise.</p>		
	1.3	<p>Diversify decision-making spaces. Action to ensure the Board and other decision-making structures involve minority ethnic staff and are increasingly representative of the community. To be meaningful, involvement must be respectful, inclusive and result in tangible change and impact.</p>	<p>see 1.1 re commitment to diversify Executive/non-Executive board profile, and mentoring see 3.1 re recruitment, retention and promotion see 3.3 re meaningful involvement to plan and monitor meaningful change through Workforce Equality Action plan See 4.3 re collaboration with BME groups that support them to monitor progress on actions we are taking across the scheme</p>	
	1.4	<p>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.</p>	<p>See 1.1 re leadership and communication See 3.1 re equality training, including anti-racism training</p>	<p>NHSGGC will work with CRER 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.</p>

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
2. Data and evidence	2.1	Build understanding / confidence (share PHS resources with staff and patients).	Maintain 90%+ completion rate for Statutory and Mandatory Equality and Human Rights Learning Module which includes links to eESS and personal equality data recording.	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.
			Staff data: Quarterly workforce EDI reporting through our Workforce Equality Group, above the annual workforce monitoring report publically published. Ongoing campaigns to encourage staff to record their data on eEES have led to continuous improvement in the amount of data we hold for our staff.	Integrate EDI reporting into local storyboards to ensure accountability at all levels of NHSGGC.
	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.	Patient data: Part of our Fairer NHS GGC mainstreaming actions is to ensure new patient data systems or migrated systems will always include fields to collect equality data and undertake regular monitoring and improvement programme to update existing systems. The mandatory recording of ethnicity was made live in October 2020. At that	Fairer NHS GGC Monitoring Report 2024/25 reporting on completion of patient data on ethnicity

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>point 33% of our patients had their ethnicity recorded. By 2022 reporting had increased to 51% and as of February 2024 it now sits at 54%, which is equivalent to 2,408,869 patient records. This is drawn from all patients on NHSGGC's system, some of whom may not have attended health services for many years. However, Public Health Scotland publish the ethnicity of current patients in all health boards. The completion rate for NHSGGC patients is currently 91.6%.</p>	
			<p>Staff data: Part of our Workforce Equality Action plan is to ensure our data collection is legally compliant and is used to continuously improve the equality and diversity of our workforce. To date, the percentage of staff who we have recorded disability status in eESS increased to 60% and above 70% for ethnicity and sexual orientation</p>	<p>See 2.1 re integration into workforce storyboard.</p>
	2.3	<p>Take steps to foster an inclusive culture for staff and patients. People are less likely to share their data if they feel healthcare settings / workplaces are not inclusive.</p>	<p>See programme of work across 3. Workforce, culture and Wellbeing, and 4. Equitable service delivery</p>	

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
3. Workforce, culture & wellbeing	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.	Ongoing focus on our recruitment activities, through the implementation of our new policy and recruitment training in place from May 2024, with a programme of targeted interventions where our data shows the need rolling out from August 2024.	Data led targeted training and support for recruiting managers, including HR attendance at interviews in hotspots
			A dedicated leadership programme for BME staff has been in place since 2022, to facilitate the promotion of more BME staff into senior positions.	Subject to funding confirmation, cohort three launched for our BME leadership programme
			An annual and visible celebration of Black History Month and South Asian Heritage Month, co-created and delivered in partnership with our BME Network, alongside regular communications and events to promote inclusion across all our staff groups.	Annual engagement programme developed, agreed and implemented to promote an inclusive workplace for all staff. Continue to promote the Forums and Network, building their profile and capacity to advocate for change and improvement.
			Successful delivery of EDI Learning Event in August 2024, enabling managers to create inclusive workplaces where all staff feel valued and respected, with slides and a resource pack following the event now available online	

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>Mandatory Equality, Diversity and Inclusion training for all staff, with monitoring through monthly workforce story boards</p>	<p>Delivery of face-to-face training programme for all NHS GGC people managers in partnership with a nationally recognised provider.</p>
	3.2	<p>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.</p>	<p>NHSGGC's 'We Stand Against Racism' campaign launched in March 2024, and continuing to promote this in patient-facing areas throughout the year. Our annual Speak Up! programme of communications, training and events for staff, to create a culture where staff have the trust and confidence to raise issues of concern, with a specific focus in October 2024 to celebrate the national Speak Up week.</p>	<p>Delivery of a series of hate crime awareness sessions with a focus on race-related prejudice underpinned by a 'support to report' focus.</p> <p>Disaggregated Hate Incidents reports using DATIX Incident Management System submitted quarterly to the Workforce Equality Group with follow up investigations.</p>
	3.3	<p>Prioritise meaningful involvement of minority ethnic staff in the development and evaluation of anti-racism plans, giving them the time and support required to do so.</p>	<p>The workforce elements of a Fairer Glasgow Workforce Equality Action Plan for 2024/25 are developed in partnership and through reflecting the lived experience of members of the staff led equalities Fora (Disability Forum, LGBTQ+ Forum) and BME Network, with the current plan agreed by the WEG in June 2024.</p>	

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>The Chairs of the BME network (and the chairs of Disability Forum and LGBTQ+ Forum) attend the Workforce Equality Group to ensure the lived experience of our staff is reflected in the priorities for the Group.</p> <p>The co-chairs of the GGC BME network are members of the NHS Ethnic Minority Forum, and feed back into the BME network and the Workforce Equality Group, and ensure learning is shared in both directions.</p>	
Equity-focused service delivery	4.1	<p>Equality Impact Assessments (EQIAs) – early completion to inform changes to, or development and delivery of, services and decisions at every stage. Regular updates and reviews.</p>	<p>Equality Impact Assessment is a vital part of NHSGGC’s overall approach to address discrimination, and are published on our website. This is supported by a regular programme of lead reviewer training (bookable online), as well as bespoke training as required, and facilitation and quality assurance of EQIAs.</p>	<p>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.</p>
			<p>Continue to embed sensitised ways of working with our BME communities</p>	<p>Fairer NHS GGC 2024/25 Mainstreaming action to assess the impact of digital exclusion (including language barriers) on</p>

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			across NHSGGC, utilising a pathway model.	our patients' ability to access digital developments and identify a standardised approach to mitigation.
	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.	See also 2.1 and 2.2	Publish and use learning from 2024/2025 Fairer NHSGGC Equality Scheme monitoring report activity, relating to experience of BME people in our care.
	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.	Section 2.3 of our latest Fairer GGC Monitoring report sets out the range of innovative ways GGC has in place to engage with equality groups in partnership with the voluntary sector organisations that support them to monitor progress on actions we are taking across the scheme. Examples (not exhaustive) include . <ul style="list-style-type: none"> • patient feedback questionnaires translated into community languages to accommodate diverse linguistic needs, • quarterly meetings with service relevant third sector organisations to feedback live issues (e.g. for maternity: Amma 	Pilot (in West Dunbartonshire with a view to roll out across NHSGGC) in partnership with third sector agencies (MECOP) to enhance positive health outcomes for our Gypsy, Roma and Traveller communities

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>Birth Companions, British Red Cross and the Integration Networks who work with Asylum Seekers),</p> <ul style="list-style-type: none"> peer worker / peer champion models to maximise contact with and support communities not commonly reached via existing routine engagement and outreach programmes within NHSGGC. 	
	4.4	Equity-focused service delivery priorities	<p>Workstreams on all three priority service areas identified in the guidance are described in more detail in the latest Fairer GGC Monitoring report and scheme for 2024/25, and ongoing work is highlighted briefly below.</p>	<p>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 iterative action development for 2025-2029</p>
4.4 a		Focus on Type 2 Diabetes (T2D) and Cardiovascular Disease (CVD) prevention	<p>The implementation of the Scottish Government's Type 2 Diabetes (T2D) Prevention and Early Intervention Framework within NHSGGC has a particular focus on work within Black and Minority Ethnic (BME) communities, with a range of activities embedded the patient pathway and sensitising it to the potential needs of</p>	<p>Deliver Diabetes and Early Intervention Framework and promote early identification and intervention in higher risk groups including Black and Minority Ethnic (BME) and mothers with Gestational Diabetes. Includes:</p>

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>ethnic minorities to remove barriers to access, and implementation of a community champions model for engagement and awareness raising.</p>	<ul style="list-style-type: none"> • Increasing accessibility and reach of services for vulnerable populations through action to target BME communities through the community champions model <ul style="list-style-type: none"> – This aims to increase community awareness of symptoms / promote diagnosis through primary care and provide community based support to remove barriers to uptake of Weight Management; Physical Activity; Smoking cessation and Control it Plus education etc • Continue roll out of My Diabetes My Way (MDMW) care planning and self-management functionality within NHSGGC, . GGC represented on MDMW Programme Board with specific remit to consider BME and wider accessibility needs. • Extend access/ improve uptake of diabetes education

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
				<p>(Control it Plus) and self-management programmes including the roll out of standardised care plans for patients with T2DM by addressing accessibility barriers for key groups inc BME groups as well as other access barriers such as alternative formats and digital exclusion.</p>
	4.4 b	Focus on Perinatal care	<p>Significant and complex programme of work is ongoing in Maternity services to embed an anti-racism approach and create equitable health outcomes for BME women.</p> <p>Oversight: BME maternity improvement group, workstreams over the last 12 months include: Workforce diversity: Maternity workforce diversity plan 2024-6, including new NHSGGC anti-racism recruitment training, BME Leadership programme, and BME midwives to attend local university taster days and undertake school outreach.</p>	<p>Maternity services will review 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. Proactive response to the Amma Birth companions experience and outcomes report, published in March 2024: action plan developed with all actions underway and more than 50% complete as of October 2024.</p>

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>Third sector involvement: Maternity voices partnership and 3rd sector network launched in 2024, with strong BME representation.</p> <p>Anti-racism training: Work with RCM, Birthrights and Amma Birth Companions on tailored anti—racism training model 2024-26.</p> <p>Interpreting improvement: Maternity services have 2nd highest usage of interpreting services across NHSGGC. Two audits of interpreting quality in maternity services undertaken together with distribution of redesigned support resources. Improvement in experience noted between September 2023 and March 2024.</p> <p>Interpreting training provided to triage services in 2024-25 building on previous provision of this. The training is part of 2024-25 interpreting improvement plan.</p> <p>Data and monitoring: All key outcome and experience data now identify race and ethnicity, continuity of carer reported by ethnicity and SIMD trends to SG.</p>	<p>Mentoring for global majority prospective applicants for midwifery programmes, providing work experience and support with personal statement, to be in place for 2025 admissions.</p> <p>Staff survey to be conducted in Black History Month 2024 on career progression and retention, and experiences of racism.</p> <p>Survey of 24,000 individuals on HCSW database planned, to attract more local people from BME communities into Maternity care assistant roles and potentially midwifery undergraduate education.</p> <p>4 Best Start EQIAs and 2 FEAs will be completed by Q4 2024/25, with composite review in March 2025.</p>

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			<p>Analysis of key data (e.g. stillbirths, use of birth plans, alongside maternity unit use) by ethnicity and improvement plans are put in place when an issue by race is indicated.</p> <p>Focussed work completed on birth planning recording and decision making about place of birth, with a particular focus on ensuring improvement of engagement with BME women. Both birth plan completion rates and use of the AMU have improved for BME women during this period.</p> <p>Antenatal HEAT target booking data in 2024 analysed by ethnicity and interpreting required – indicated women requiring interpreting are contacting service in line with HEAT target but process to book an interpreter means HEAT target is missed - improvement plan scoped.</p> <p>Accessible improvement plan will be completed in 2024-25, including wide availability of a Step by Step Guide to GGC maternity services (available in 40 community languages, easy read</p>	

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Guidance elements	No	Areas of focus	Key work streams established	Additional 2024/25 actions
			covering 97% of maternity community languages).	
	4.4 c	Mental health (specifically quality of care and treatment, and services that provide support to people in distress/crisis)	Glasgow City Integration Joint Board have set a number of equality outcomes for 2024-28 linked to the protected characteristic of Race, including a specific outcome on accessing NHSGGC hosted mental health services that better meets the needs of BME people. The work sits alongside existing programmes of work in mental health services including implementation of anti-racist practice in children and young people's mental health care and partnership activity with the Mental Health Foundation exploring the impact of micro-aggression and racism on mental health.	

Appendix 3 – NHSGGC Anti-Racism Plan 2025-2029

Introduction

NHS Greater Glasgow and Clyde 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 Staff BME Network and from people who use our services through sensitised engagement approaches deployed by our Equality and Human Rights and Patient Experience Public Involvement teams. 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

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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.

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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 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.

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 for 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
1.4	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	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

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	the responsibility of minority ethnic people to educate others.			
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