

NHS Greater Glasgow and Clyde	Paper No. 26/83
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 June 2026
Title:	A Fairer NHS Greater Glasgow and Clyde (NHSGGC) Monitoring Report 2025-26
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1. Purpose

The purpose of the attached paper is to:

- Present the 'A Fairer NHSGGC Monitoring Report 2025–26', which provides assurance on NHS Greater Glasgow and Clyde's progress in meeting its statutory equality duties under the Equality Act 2010 (Public Sector Equality Duty) and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- Evidence progress against the agreed Fairer NHSGGC 2025–29 mainstreaming actions and specific equality outcomes.
- Demonstrate how equality-related activity is embedded across delivery of the Board's Corporate Plan priorities: Better Care, Better Health, Better Workplace and Better Value.

2. Executive Summary

The paper can be summarised as follows:

- The Monitoring Report covers the period April 2025 to March 2026 and provides a comprehensive overview of equality activity across NHSGGC.
- It reports progress against both mainstreaming actions (day-to-day compliance with equality legislation) and specific equality outcomes agreed for 2025–29.
- The report demonstrates tangible progress across all four Corporate Plan priorities, including improvements in communication support, inclusive care,

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workforce equality, anti-racism activity, and engagement with under-served communities.

- As part of the report, we have included as an Appendix the final proposed anti-racism plan that will deliver on Equality Outcome 3: Deliver an Anti-Racism Plan for NHSGGC.
- The report evidences NHSGGC's continued commitment to equity, non-discrimination and fostering good relations, supported by partnership working with staff networks, third sector organisations and communities.
- The report also outlines key areas of focus for 2026–27, including alignment with emerging national proposals to strengthen performance of the Public Sector Equality Duty in Scotland.

3. Recommendations

NHSGGC Board is asked to consider the following recommendations:

- Note the progress made against the Fairer NHSGGC 2025-29 mainstreaming actions and specific equality outcomes.
- Approve the paper for publication in line with statutory requirements.

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:

- | | |
|-----------------------------------|-------------------------|
| • Better Health | Positive impact |
| • Better Care | Positive impact |
| • Better Value | Positive impact |
| • Better Workplace | Positive impact |
| • Equality & Diversity | Positive/ impact |
| • Environment | Neutral impact |

6. Engagement & Communications

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

- Ongoing engagement with staff equality networks, Staff Side partners and third sector organisations.
- Engagement with patients and communities, including people with protected characteristics, through structured programmes of involvement and feedback.
- Internal collaboration across corporate, clinical and operational teams to support delivery and reporting of equality actions.

7. Governance Route

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

- Public Health Senior Management Team
- Corporate Management Team
- Population Health and Wellbeing Committee
- People and Staff Governance Committee

8. Date Prepared & Issued

Date Prepared: 28 April 2026

Date Issued: 17 June 2026



Meeting the Requirements of Equality Legislation A Fairer NHS Greater Glasgow & Clyde

Monitoring Report
2025 – 2026

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A Fairer NHSGGC Progress Report 2025-26

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Introduction and summary of progress in 2024-25

1. Aim of the report

In April 2025, NHS Greater Glasgow and Clyde (NHSGGC) published 'Meeting the requirements of Equality legislation: A Fairer NHSGGC 2025-29.' The report sets out a range of equality-related activities to be delivered over a 4-year reporting period and serves to evidence NHSGGC's due regard to meeting legislative responsibilities set out in the Equality Act 2010 Public Sector Equality Duty (PSED) and the (Specific Duties) (Scotland) Regulations 2012. Equality-related activities comprise both 'mainstreaming' actions which help evidence legislative compliance in the organisation's day-to-day business, and 'specific' equality outcomes. The specific outcomes describe actions considered proportionate to better meet the needs of named protected characteristic groups.

This document is the monitoring report for our agreed targets and details progress across NHSGGC to meet the mainstreaming and specific equality outcomes covering the period between April 2025 and March 2026.

These workstreams are woven into our Corporate Plan priorities of:

- Better Care
- Better Health
- Better Workplace
- Better Value

We have delivered actions under each of the priorities and have summarised in the following sections. Each section states our agreed actions and how well we have achieved them.

We have avoided publishing information in tables to support use of assistive technologies such as screen readers.

2. Our Mainstreaming Actions

2.1 Better Care

2.11 Communication Support for patients

Across the 4-year life of the report, we said we would:

- **Review our provision of telephone interpreting to ensure best value is measured equally with best quality**
- **Provide effective and timely interpreting**
- **Engage with patients and gather feedback**
- **Enhance complaints and other feedback mechanisms for Deaf BSL users**

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- **Develop quality translation of mainstream online patient information**

What we delivered in 2025/26:

Through close monitoring of the contracted telephone interpreting service and the annual delivery of approximately 170,000 telephone interpreting appointments (up from 156,000 across 2024/25, see table 1), we investigated a limited number of concerns raised and put in place improvement programmes to maintain delivery standards. To protect expected standards across coming years, we created an interpreting contract oversight group that will ensure robust checks and balances are central to any re-tender for interpreting provision (set for March 2027). The group includes representation from frontline services and is informed by feedback from service users who require spoken language communication support.

Table 1: Annual delivery of contracted telephone Interpreting appointments *

Year	Number of contacts
2020-21	94,653
2021-22	115,121
2022-23	158,828
2023-24	141,362
2024-25	156,000
2025-26	170,000

*2020-22 covers the Covid-19 pandemic.

Our Complaints Team worked with the Equality and Human Rights Team to create accessible complaints pathways for Deaf BSL users, enabling complaints to be made and replies to be provided directly via BSL video.

We also provided a broader range of communication support such as note-takers, British Sign Language Interpreters and Guide Communicators.

2.12 Listening to Patients

Across the 4-year life of the report we said we would:

- **Ensure our Patient Engagement and Public Involvement function (PEPI) establishes sustainable connections to under-served communities**
- **Ensure NHSGGC is prepared to meet inclusive communication requirements as directed nationally**

What we delivered in 2025/26:

Our Equality and Human Rights Team (EHRT) worked closely with the Patient Experience and Public Involvement (PEPI) function on several important engagement programmes across the year, sharing understanding and approaches to ensure specialist engagement learning is mainstreamed within the mainstream corporate engagement function. Activities included joint engagement for delivery of the digital 'My Health Navigator', Emergency Department resource development and a multi-team engagement programme with patients across our Emergency Departments.

While we await developments in the Scottish Government's efforts to strengthen rights to accessible communication in legislation, we have aligned to the step change in provision demanded by The Alliance in Scotland. Through our interpreting and translation investment and 3rd sector relationships, we have the necessary resources in place to continue to provide information in a range of formats and languages, including spoken languages, British Sign Language, Easy Read, audio and Braille.

In 2025-26 there were 1599 written translation requests (covering patient letters, information etc) in 49 community languages. 14% (n= 230) were categorised as urgent. This does not include BSL or other formats. In addition, as part of the proactive approach to support the anti-racism plan, 28 key maternity publications were translated into the top 10 community languages in 2025-26. This is an increase in translated resources compared to previous monitoring reporting periods (number of translated resources: 1,461 over two year monitoring period 2020–22; 1,773 over two year monitoring period 2022–24, 1,398 over one year period 2024).

2.13 Inclusive Person-Centred Care

Across the 4-year life of the report we said we would:

- **Test and embed a person-centred care standard**
- **Ensure that our Quality Strategy is embedded in relevant functions and supports delivery of Equality Impact Assessments and Frontline Equality Assessments**

What we delivered in 2025/26:

Quality, Everyone, Everywhere (2024-2029) is NHSGGC's Quality Strategy and it makes a clear commitment to protecting the rights of patients on the grounds of their protected characteristics. The Strategy prefaces its framework for change with a lead section focusing on compliance with the Equality Act 2010. The Strategy has gone further by supporting the development of Person-Centred Care Standards that include explicitly capturing experience of discrimination and associated impact on service experience.

To better understand how well we deliver equality-sensitive person-centred care, we have completed more than 20 Frontline Equality Assessments across 2025/26, with a further 15 scheduled for completion before April 2026. The assessments offer operational ward staff an opportunity to review local practice in relation to meeting the needs of different protected characteristic groups.

Delivery of the Frontline Equality Assessments saw excellent engagement with the process from acute ward staff and there were multiple teachable moments during these interactions to raise awareness of NHS policy including Clear to All. An information pack was used with staff that allowed collaborative discussion in an unthreatening way, increasing knowledge of and confidence

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about the available supports available to staff and patients. Often staff were well versed on the Interpreting policy but were less aware of the translation policy. The Access audits demonstrated that where oversights or minor issues were identified these were often easily rectified after liaison with Estates and Facilities e.g. the provision of handrails and bins that meet accessibility criteria.

2.14 Assurance of Equity in Delivering Digital Solutions

Across the 4-year life of the report we said we would:

- **Equality impact assess proposed service redesigns where digital solutions offer alternatives to existing care pathways**
- **Engage with protected characteristic groups to better understand experience of using digital solutions**

What we delivered in 2025/26:

Our Digital team have committed significant resources to ensure all planned developments undertake an agreed equality impact assessment process. This commitment extends from the NHSGGC's Digital Strategy which gave the assurance that any digital developments would not leave people who are digitally excluded unsupported.

Early focus has centred on equality proofing implementation of our planned Hospital at Home pathway developed in partnership with Doccla – a provider of virtual care solutions. Our Digital team have created a digitally inclusive EQIA template which is applied to any aligned redesigns, ensuring read-across and consistency in considerations. Ultimately, the aspiration for creating a virtual hospital that delivers 1000 additional beds will be underpinned by the commitment that 'no one is left behind'.

As this work continues across 2026/27 EHRT and PEPI will work together to engage with people at higher risk of digital exclusion and inform inclusive pathways.

2.15 Assess Service Transitions from Acute to Community-Based Health and Social Care Settings.

Across the 4-year life of the report we said we would:

- **Ensure all proposed services changes are robustly examined using the EQIA tool**
- **All repurposed buildings will be assessed to ensure they are accessible**

What we delivered in 2025/26:

Over the course of the reporting period, we completed 11 EQIAs covering core service amendments and policy implementation ranging from our Primary

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Care Workforce Review and our NHSGGC Workforce Strategy to adjustments to the local Vale of Leven patient bus service.

We are currently developing a partnership approach to delivering a programme of Disability Discrimination Audits with Third Sector agencies to ensure environments for delivering care are fit for purpose for all. Our partnership work includes developing supporting lay volunteering roles.

2.2 Better Health

Across the 4-year life of the report we said we would:

- **Deliver improvements for people with a learning disability**
- **Remove barriers to screening and vaccination services**
- **Fully implement the BSL Action Plan**

What we delivered in 2025/26

Our Acute Learning Disability and Autism Group have driven forward a programme of work across 2025/26 to deliver significant improvements to the experiences of people with a learning disability. The Group have developed the 'Getting to Know Me Autism Checklist' - a pre-admission planning tool to reduce sensory overload. The tool links to a poster highlighting rights to adjusted care environments. Both resources are currently being tested and will be implemented later in 2026.

Our learning disability and screening programmes have worked over the reporting period to improve awareness and accessibility to services for people with a learning disability. Key achievements include enhanced screening conversations embedded within the Learning Disability Health Check, supported by new screening assessment tools, staff training and accessible resources. Examples of practice include a range of published screening information in easy read formats, video testimonies from our patient champions and implementation of dedicated enhanced service pathways underpinned by user-informed adjustments. Over 700 enhanced screening conversations as part of health checks were recorded during the project period, alongside identification of red-flag symptoms requiring onward clinical follow-up.

The [Screening Inequalities Action Plan 25-26 - NHSGGC](#) provides a comprehensive update on the wider screening related work over the reporting year.

Our [Minority Health & Wellbeing Survey](#) report was published in October 2025 and engagement on the findings was launched with an audience of public sector colleagues and community partners in November 2025. The Survey captured feedback from more than 2600 minority ethnic people and shone a light on lived experience of using health and social care services. The report focused on 6 key themes:

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- Perception of health and wellbeing
- Screening and access to health services
- Health behaviours
- Social health
- Social capital
- Financial wellbeing

A commitment to build on the findings of the survey report and reduce racialised health inequalities will be reflected in named services that align to our Anti-Racism Plan. This will be underpinned by strengthened community development approaches.

Our Peer Educator programme is delivered by a Peer Co-ordinator and peer workers. The peer workers reach out to community groups and organisations to provide information on specific topics and gather feedback on people's experiences, both positive and negative, of health and social care services. This is fed back to services and the information is analysed to inform priorities and planning.

The programme has engaged with 273 individuals during the reporting period with examples of engagement including:

- Support to the incident management of a cluster of measles cases: Providing information in multiple languages on MMR vaccinations and directing patients to local drop-in MMR clinics, in response to confirmed Measles cases.
- Breast screening information sessions, to help patients understand the importance of screening, how to access appointments and what to expect during the appointment.
- Using the Arts as a medium to engage our Sub Saharan African and South Asian populations in issues around travelling safe and supporting them to engage with our Travel Health Service to receive a risk assessment and relevant vaccinations prior to travel.

As well as supporting patients with access to services, peer workers also signpost individuals to other services, including GPs, money advice services and services to support with food security.

The model is valued by the peer workers, with several moving on to fulltime employment within similar areas of community work. A further recruitment campaign was launched in August 2025, with successful candidates being offered positions in November and currently progressing through the onboarding process.

We are responsible for delivering a local [NHSGGC BSL Action Plan](#) that reflects expectations set out in the Scottish Government's BSL National Plan (2023-2029). As detailed in our local plan, BSL interpreter bookings for the 12-month period totalled 4398, down slightly from the previous year (4588). The overall fill rate for bookings stands at 91%. During this period, we saw a significant increase in the use of supported online BSL interpreting, with video provision in out-of-hours settings doubling across the reporting period compared to the previous year.

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Our BSL Mediator is an essential link to better understanding challenges experienced by Deaf BSL users accessing our services. Across the reporting period the Mediator supported 516 queries and helped 10 Deaf patients raise complaints, working with our adapted Complaints process which now enables submission and response in BSL.

Our partnership with Deafblind Scotland ensured that we fully supported all 220 health appointments for people with dual sensory impairment and offered further Guide Communicator support to 1500 hours of health activities.

Across the reporting period our Clear to All Team processed 1218 requests for information in other languages, ranging from provision of health information to detailed translation of medical records. Close monitoring of our contracted translation service has ensured standards are kept through reviewed improvement programmes with the contracted supplier.

The adult community vaccination service increased the number of clinics to 21 across all of NHS GGC, aiming to have venues in the heart of the community with easy access and on transport routes for patients and staff.

The Scottish Ambulance Mobile unit has also supported throughout 2025 in offering vaccinations in areas of multiple deprivation or with poorer transport links for mass vaccination programmes such as Shingles, Covid and Flu.

The winter Flu programme in 2025 was also supported by 170 community pharmacies allowing patients who were eligible free vaccination to visit their local pharmacy. To date we have seen over 13,000 patients vaccinated via this route.

In the summer of 2025 the Adult Immunisation service introduced Drop in and Chat sessions for any patient to come and discuss any vaccination with a registered professional without an appointment, to discuss any barriers and if be vaccinated if eligible for shingles, and Pneumococcal. Over 200 opportunistic Shingles and Pneumococcal vaccinations were administered at 14 clinics sessions. This has ran again in the last two weeks of February 2026 with 54 patients dropping in for Shingles vaccination and 32 for pneumococcal and will continue to operate in 2026.

2.21 Weakened Immune System and Vulnerable Populations

Significant new work was undertaken with outpatient services who routinely review care and treatment for patients with a weakened immune system and services who work with those who are experiencing addictions and homelessness e.g. Thistle Injecting Rooms, Complex Needs Service. The work involved a number of strands including personalised letters to COPD patients from their respiratory physician recommending uptake of flu to delivery of flu vaccination across a number of services. The work is still being evaluated but has to date identified key issues including the identification of patients who are eligible but who are not on nationally generated cohort files. Further work needs to be undertaken to understand this more including whether this is a coding issue or algorithm issue. To date more than 22 services have participated in this. A teams channel was used to support all service participating in the programme and feedback is being given to all services. Over 1,700 patients have received flu vaccinations via this new route.

2.22 Prisons

Vaccination uptake in prisons is extremely low across the GGC prison estate. Joint work with the Prison Health Improvement Team identified the need for research to understand more clearly the reasons for this. The research identified key findings including:

- Many prisoners thought vaccination was either for the very young or very old
- There was a lack of understanding of the potentially increased risk of transmission of infections in prison e.g. Flu
- There was an information void in prisons around vaccination and therefore this void was filled with other information often misinformation

Prisoners identified the need for information including video resources, radio sound bites and posters and that providing outline information on immunisation for people living in prisons was important and that it should, aim at encouraging uptake and engagement with vaccination programmes. This video would consist of people living in prison discussing vaccination with members of the prison healthcare and health improvement teams.

The resources were launched in September 2025 just prior to the start of the Winter Programme. Lists of eligible prisoners were provided to the Prison Healthcare Team from the national eligible cohort file. This list is not exclusive as health records from community can take up to 6 months to transfer across so local work was required by the prison healthcare team to identify other eligible prisoners particularly those who are immunosuppressed who would be eligible for covid. Funding was also identified to support the provision of a bank nurse 1 day per week together with admin support to deliver a clinic within Barlinnie as part of a Test of Change process. The clinic commenced on 23rd October and will run until 30th January approximately 12 weeks.

- A total of 401 individuals resident within Barlinnie were invited to be immunised against influenza and, when eligible, COVID-19.
- The majority of those offered vaccination accepted, at significantly higher rates than those eligible from the general population in NHS GGC: 65% (vs. 61.1% in the general population) for COVID-19 and 67.6% (vs. 49.6% in the general population) for influenza. Several of those who initially declined vaccination later accepted the offer.
- Influenza vaccination coverage in the prison was estimated 19.4%, compared to 4% the previous year.¹
- Weekly clinics are continuing and are currently providing MMR and Twinrix vaccination.

Further work needs to be undertaken to support the prison healthcare team to plan for large scale programmes such as winter and Hepatitis B Vaccination as there is not enough capacity within the current staffing to meet the demands of the winter programme over the timelines set by Scottish Government. A bank staffing contingency model is required but these staff need to have

¹ Uptake estimates the percentage vaccinated out of those eligible and thus invited for the vaccine i.e. due to their age or underlying condition.

Coverage estimates the percentage vaccinated out of the average prison population of ~1400, regardless of eligibility (caveat: high turnover in population)

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completed additional training to work in the prison. Following this intervention the prison healthcare team plan to continue weekly clinics and staff have now completed PEIP modules. A FAQ leaflet on vaccination was also developed for SPS Staff. A full evaluation is currently underway.

2.3 Better Value

Across the 4-year life of the report we said we would:

- **Equality Proof our Sustainability and Value Schemes**
- **Equality Proofed Procurement Process**
- **Deliver Fairer Scotland Duty**

What we delivered in 2025/26:

We have applied robust EQIA process to strategic decisions which includes a specific field noting whether decisions are linked to agreed financial savings. We will continue to deliver this aspect of impact assessment but will test and implement a specific tool in 2026/27 that pro-actively assesses risk of identified sustainability and value scheme proposals.

The requirement for suppliers to have an Equality and Diversity policy forms a key part of our pre-qualification process for any local tendering activity. It is also part of our standard terms and conditions that suppliers must comply with the Equality Act. We ensure various ethical standards are enshrined in all local contracting activity where appropriate, including Human Rights, Modern Slavery, Whistleblowing, application of the requirements under the Health and Care (Staffing) (Scotland) Act, application of the Serious Organised Crime Protocol within high-risk industries and use of Fairtrade products.

We have successfully integrated our responsibilities as set out in the Fairer Scotland Duty into our Equality Impact Assessment process, ensuring that every decision subject to assessment is also scrutinised to ensure we pay due regard to reduce inequality of outcome caused by socio-economic disadvantage. While there is some variance in the EQIA tools that each of our 6 Health and Social Care Partnerships use, they all take account of poverty-related disadvantage ensuring consistency across the system.

2.4 Better Workplace

Across the 4-year life of the report we said we would:

- **Continue to deliver progress against our key ambitions for a Better Workplace, as overseen by the Workforce Equality Group**

What we delivered in 2025/26:

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The Board Workforce Equality Group (WEG) leads the development of NHS Greater Glasgow and Clyde as an inclusive organisation that engages with staff across all aspects of employment, in a way that reaches to the core of our organisational values and meets and exceeds our legal requirements as an equal opportunities' employer.

The WEG is responsible for the development and delivery of the NHSGGC Workforce Equality Plan. The group works in partnership and includes representatives from the Staff Disability Forum, the Black and Minority Ethnic Staff Network and the LGBT+ Forum, plus three non-Executive Diversity champions demonstrating leadership from the very top of the organisation. The NHSGGC Workforce Equality Plan covers the following overarching ambitions, which have been updated for the new Fairer NHSGGC report in partnership and working with our staff led equality groups:

- All our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Our data collection is legally compliant and is used to improve equality and diversity of our workforce
- Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.
- We have taken all the actions in our control to reduce equal pay gaps by sex, disability and ethnicity
- Attract, develop, and retain a workforce at all levels that reflects the communities we serve.

Annually, the WEG translates these ambitions in a programme of key deliverables, with outcomes reported through the WEG, APF and People and Staff Governance Committee. Details can be found in our [in-year action plan](#). Workforce Equality Group Key deliverables over the course of the Equality report for the WEG include:

- We will continue to deliver the workforce-facing element of NHSGGC's anti-racism plan in partnership with our BME Staff Network, Staff Side partners and broader Workforce Equality Group membership
- We will continue to deliver the 'Sexual Harassment: Cut it Out' programme, to create an inclusive culture where there is zero tolerance for sexual harassment and everyone at work feels safe.
- Mainstreaming our reasonable adjustment guidance and workforce adjustment passport to ensure a Think Yes culture in every part of NHSGGC
- Continuing to promote an inclusive culture through a programme of events, learning and activities that recognises the contribution of all our staff

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- Annual reporting as per Specific Duties for workforce demographics (protected characteristics) [Workforce Equality - NHSGGC](#)

3.0 Our Specific Equality Outcomes

Our agreed equality outcomes for 2025-29 were based on evidence gathered from our communities and highlighted areas where there was a requirement for additional focus to deliver our commitment to equity, non-discrimination and fostering good relations for named groups.

3.1 Equality Outcome 1

The needs of Autistic and Neurodivergent people are better met in Acute services

Actions taken – 2025/26

In 2025-26, NHSGGC:

- Reviewed the evidence base around needs of people who are neurodiverse in co-production models
- Explored with Glasgow Centre for Inclusive Living and 3rd sector charities, a co-production approach to delivering this equality outcome across 2025-29
- Tested NHSGGC's ADHD self-help resource with a range of 3rd sector partners and amended the resource based on findings
- Developed and tested an Acute Services neuro-affirmative checklist with service users, carers and 3rd sector representatives
- Produced an [Autism and Neurodivergence Pathway app](#) for staff which is now available on Health Improvement Scotland's Right Decision Service
- Completed 20 Frontline Equality Assessments including capture of specific provision of support for Autistic patients accessing care. These also showed existing areas of good practice in some wards to inform learning across the system e.g. finding side rooms or bays for neurodivergent people to limit overstimulation; low lighting in some areas; allowing family or carers to stay with the patient.

3.2 Equality Outcome 2

Supporting Urgent Care to meet the needs of people with protected characteristics

Actions taken – 2025/26

In 2025-26, NHSGGC:

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- Developed a universal language icon for inclusion on Emergency Department (ED) information. The icon provides an instantly recognisable gateway to a multi-language webpage explaining the range of interpreting and translation services available to people who do not have English as a first language. The icon was extensively tested with our minority ethnic communities and can be seen on the final page of this document
- Tested and developed ED specific material explaining the role of our emergency departments and appropriate alternatives
- Delivered 400+ patient interviews in emergency departments to better understand the experiences of using our services and any barriers people experience on the grounds of a protected characteristic
- Completed Frontline Equality Assessments reports across our emergency departments
- Introduced a QR code resource in all ED areas providing Deaf BSL users with an immediate link to [online communication support](#).

3.3 Equality Outcome 3

Deliver an Anti-Racism Plan for NHSGGC

Actions taken – 2025/26

In 2025/26 NHSGGC delivered a range of patient facing and workforce-related outcomes.

Patient-facing:

- Completed our [Minority Ethnic Health and Wellbeing Survey](#) and formally launched engagement with staff and community partners in November 2025
- Improved ethnicity data recording for acute outpatient appointments (88.25%). Targeted improvements in Maternity Services and Mental Health Inpatient Services have returned data capture figures of 99.6% and 92.5% respectively. ²
- Continued to develop a comprehensive range of anti-racism approaches in Maternity Services including delivery of anti-racism training as part of a broader 44-point Equality and Human Rights Action Plan
- Engaged with a diverse range of minority ethnic stakeholders to inform resource design that better explains how our unscheduled care services work

² For comparison between boards, and trends over time – please see [PHS website](#), showing data to December 2024.

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- Grew our partnership with the Minority Ethnic Carers of People Project (MECOPP) to support vaccination uptake for Gypsy, Roma and Traveller communities and the development of a Rights to Healthcare resource. Our work with MECOPP will continue across 2026/27 and build on the recommendations of the Gypsy/Traveller Community Health Worker Service. A recent request from this community, for information on meningococcal vaccination (community concerns regarding the cluster of cases in Kent) and the newly introduced MMR-V vaccine, serves as an example of impact of this work on nurturing trust. In addition to written information, the NHSGGC immunisation team delivered an information session in Spring 2026, in response to this request.
- Completed the NHSGGC pathway app, [‘Meeting the needs of our Black and Minority Ethnic Patients’](#) now hosted on the Health Improvement Scotland Right Decisions Service

Workforce-facing

- Partnered with the Coalition of Race Equality and Rights (CRER) to deliver development sessions with senior leaders and BME Staff Network members
- Completed cohort 3 of our workplace minority ethnic leadership programme
- Ongoing delivery of equality and human rights training to all middle and senior NHSGGC managers with anti-racism component
- Continued development/refinement of our [Hate Incident](#) reporting programme
- Continued development of our minority ethnic employee mentoring programme

Our [Anti-Racism Plan](#) will continue to develop across its 4-year reporting period, informed by minority ethnic employee and patient feedback.

4.0 Looking Ahead to 2026/27

In December 2025, the Scottish Government published the Regulation 12 Report: Published Proposals to Enable Better Performance of the Public Sector Equality Duty (PSED) in Scotland 2025-2029. In brief the report sets out proposals for substantial improvement in performance against the PSED for public bodies in Scotland. It focuses on 5 key areas:

- Pay Gap Action Plans – a scoping exercise will be undertaken on how the Scottish Government can exercise its regulatory powers to introduce a duty on listed authorities to develop and publish Pay Gap Action Plans.

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- Stakeholder involvement and engagement – the existing national Stakeholder Reference Group will be further supported to focus on PSED improvements
- Fostering Good Relations – Focused action to improve understanding and engagement with the fostering good relations element of the PSED.
- Leadership and building capacity – Scottish Government will set a positive example through sharing their approach to PSED due regard
- Leadership and accountability – increase accountability for Scottish Government senior leaders and their support of Scottish Ministers

As national proposals take shape, we will incorporate any additional direction within the existing Fairer NHSGGC 2025-29 mainstreaming and specific outcomes. However, we are confident that the diverse and comprehensive workstreams currently underway place us in a strong position to meet any future challenges. We will further evidence this through future reporting that is mapped against the Scottish Government's Equality and Human Rights Toolkit, clearly detailing how its six key drivers have been considered and informed practice.

Our EQIA programme will continue to monitor intersectional understanding between our duties as set out in the Equality Act, with developing activity to protect the rights of children and young people.

We will carry forward our Frontline Equality Assessment programme, supporting our staff to deliver person-centred care that is fully legislatively compliant.

As recent court judgements relating to the Equality Act and the protected characteristics of Gender Reassignment and Sex translate into approved codes of practice for public sector bodies, we will ensure compliance across all associated policy and resource development, underpinned by robust and transparent engagement with affected parties.

Our focus will remain on delivering evidence-based and legally compliant services and decision making across our diverse range of operations. The programme of work will function within the parameters of the agreed Governance structure for NHSGGC. This will be fulfilled via the publication of the Fairer NHSGGC Monitoring Report, as approved through the People and Staff Governance Committee and the Board.

5.0 Accessible formats

This publication has been produced in line with NHS Greater Glasgow and Clyde's Accessible Information Guidelines. It is available in a range of formats and languages.

For more information please contact us.

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BSL users can contact us via www.contactscotland-bsl.org - the online British Sign Language interpreting service.



NHSGGC Anti-racism Plan: Appendix 1



NHS Greater Glasgow & Clyde Anti-Racism Plan 2025-2026 Update

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. Our actions respond to the intersectional relationship of racism with other protected characteristics such as religion and sex, whereby Islamophobia and sexism and the discrimination experienced by Muslim women may be better understood when viewed through a racism lens.

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.

This paper provides an update on delivery progress for our first year (2025/2026) mapped against key themes and agreed aligned actions and where relevant, offers proposed actions for 2026/2027

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

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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. To ensure additional scrutiny and transparency, our anti-racism actions for the period 2026/27 have been developed with support from the Coalition of Race Equality and Rights (CRER), including leading workshops with members of our BME Staff Network. 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.

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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 CRER.

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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 Minority Ethnic 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.

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GUIDANCE ELEMENT: LEADERSHIP & ACCOUNTABILITY Update 2025/26 and proposed actions 2026/27						
No	Areas of focus	Identified Additional Requirement	Owner	Timescale	Status/update	Proposed Action 2026/27
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	<p>Compete: Visible commitment made via NHSGGC website NHSGGC Anti-racism Plan 2025 - 2029 - NHSGGC with organisational representation by Chair, Chief Executive, Board Member Champion and Director of HR and Organisational Development.</p> <p>Complete: All NHSGGC Directors have anti-racism</p>	<p><i>Continue to include anti-racism objectives in NHSGGC Director's annual objectives – May 2026</i></p> <p><i>Extend anti-racism objectives to Director's senior direct reports – Aug 2026</i></p> <p><i>Review NHSGGC leadership guide to ensure explicit anti-racism behaviours are included – June 2026</i></p> <p><i>Develop Communications</i></p>

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					objectives included in their annual objectives.	<i>plan to underpin our anti-racism work, including visible leadership from non-Exec and Exec members – June 2026</i>
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 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	Complete: Testing of CRER resources complete and feedback provided. Final resources launched in November 2025. Elements will be incorporated into mainstream learning and education programmes across 2026/27. Management training provided via Glasgow College ongoing with anti-racism elements incorporated.	<i>Complete options appraisal on developing a new NHSGGC anti-racism policy – August 2026</i>

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					All equality and diversity training delivered by the Equality and Human Rights Team prefaced with the Lawrence inquiry and exploration of institutional racism.	
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GUIDANCE ELEMENT: DATA & EVIDENCE update 2025/26 and proposed actions 2026/27						
No	Areas of focus	Identified Additional Requirement	Owner	Timescale	Status/Update	Proposed Action 2026/27
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	Complete: Minority Ethnic Health and Wellbeing Survey complete and report published NHSGGC 2024 Minority Health & Wellbeing Survey - NHSGGC . Write up of launch event workshops complete by January 2026 to inform future action planning with a focus on key service areas.	<i>Feeding from our report launch event in November 2025, key developments integrated into aligned priority service areas as outlined in Anti-Racism guidance.</i>
2.2	Monitor and improve levels of completeness and accuracy and of equalities data collections, with an explicit early focus on	Fairer NHS GGC Monitoring Report 2024/25 reporting on completion of patient data on ethnicity	Director of Public Health	March 2025	Complete/ongoing: Latest minority ethnic monitoring data for acute appointments and admissions stands at 88.25%. To give comparison, data capture in 2020 stood at 30.4%.	<i>Maintain improvement trajectory. Publish our annual workforce monitoring report, setting out our current ethnicity data and key</i>

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	<p>race and ethnicity data.</p>				<p>Targeted anti-racism work in Maternity Services has returned a minority ethnic patient data capture figure of 99.6%.</p> <p>Our Mental Health Service (a priority area set out in the Government's guidance) has provided minority ethnic data completion of 75.3% for community services and 92.5% for inpatients. Efforts will continue across 2026/27 to maintain rigour on capture and reporting.</p>	<p><i>metrics such as recruitment and turnover by ethnicity – April 2026</i></p> <p><i>Continue to develop our quarterly Workforce Equality Group storyboards to better track our progress in our KPIs related to ethnicity – Dec 2026</i></p> <p><i>Integrate ethnicity data into local workforce plans, so that actions to address representation across all NHSGGC sectors are better embedded – Oct 2026</i></p> <p><i>Develop a plan for an annual BME staff survey to</i></p>
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						<i>track progress and experiences – Aug 2026</i>
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GUIDANCE ELEMENT: WORKFORCE, CULTURE & WELLBEING update 2025/26 and proposed actions 2026/27						
No	Areas of focus	Identified Additional Requirement	Owner	Timescale	Status/Update	Proposed Action 2026/27
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 Sept 2024	Ongoing: Performance reports provided to Workforce Equality Group on a quarterly basis.	<i>Put in place a process through which new senior appointments are escalated to the Chief Executive (or DCEO/ Dir HR&OD) prior to appointments being confirmed – Dec 2026</i>
		Identify and confirm funding package to enable us to launch cohort three for our BME leadership programme	Head of OD	February 2025	Complete: Cohort three of the leadership programme completed in September 2025	<i>Cohort four of our minority ethnic leadership programme launched - April 2026</i>

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		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 Jan 2025 Review Dec 2025	Complete: Revised target for 2026/27 of 30 minority ethnic staff participating.	<i>Increase numbers of staff on our minority ethnic mentoring programme to 30 – October 2026</i>
		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	Complete	<i>Implement recommendations from the reviews completed by the Medical Wellbeing Group and the Cultural Pastoral Nursing & Midwifery Group - Dec 2026</i>
		Based on lessons from the midwifery EDI group, take a data led approach to identify other areas of our workforce with lower levels of BME		Target groups to be identified by June 2025.	Complete/ongoing: Anti Racism planning in mental health services underway including workforce	<i>Incorporate actions into local workforce planning processes to better diversify</i>

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		representation and develop plans to address, including where appropriate liaison with higher education institutions.			representation aligned to development work in challenging racism perpetrated by inpatients.	<i>our workforce –Oct 2026</i>
		Broaden the pool of staff from the equalities forums on our peer panels for senior recruitment	Recruitment Manager	Ongoing	Complete: Review with Staff Forum reps to evaluate participation in senior manager recruitment process.	<i>Review with our equalities forums their participation in our senior recruitment to identify any areas for improvement – Dec 2026</i>
		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	Complete: Ongoing. Membership of the BME Staff Network promoted through corporate communications and currently standing at approximately 500 members.	<i>Annual engagement programme developed, agreed and implemented to promote an inclusive workplace for all staff – June 2026</i> <i>Continue to promote the BME Staff</i>

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						<i>Network, building their profile and capacity to advocate for change and improvement.</i>
		<p>Delivery of face-to-face EDI training programme for all NHSGGC people managers in partnership with a nationally recognised provider.</p> <p>Promoting online learning resources – including Race Equality and Cultural Humility – to all staff in NHSGGC.</p>	<p>Head of Learning and Education</p> <p>Head of Staff Experience</p>	<p>December 2025</p> <p>From February 2025</p>	<p>Ongoing: delivery programme. To date 488 senior managers and 455 middle managers have completed bespoke EDI learning programmes.</p>	<p><i>Ongoing EDI training for all new manager – mandatory programme introduced in 2026 – from August 2026.</i></p>
3.2	<p>Improve reporting of incidents related to racism, discrimination, bullying and harassment. Understand issues with reporting channels and</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>.</p>	<p>Equality & Human Rights</p> <p>Manager/ Spiritual Care Lead</p>	<p>Oct 2025</p>	<p>Complete: Comprehensive series of Hate Awareness and Reporting sessions ran across 2025 with quarterly sessions planned for 2026 with a daily session running across Hate Awareness Week (10/10/26-17/10/26)</p>	<p><i>Working in partnership with our trade unions and informed by the lived experience of our BME Network, review our hate crime reporting</i></p>

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	ensure staff feel supported and safe to report incidents.					<p><i>processes and training – Jan</i></p> <p><i>Review and improve reporting channels for racism, ensuring multiple safe routes and clear escalation options – Nov 2026</i></p> <p><i>Audit disciplinary and harassment claims relating to racism to identify any learning and any bias – August 2026</i></p> <p><i>Develop specific anti-racism training and resources, including on specific kinds</i></p>
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						<i>or racism such as islamophobia - Dec 2026</i>
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GUIDANCE ELEMENT: EQUITY-FOCUSED SERVICE DELIVERY update 2025/26 and proposed actions 2026/27						
No	Areas of focus	Identified Additional Requirement	Owner	Timescale	Status/update	Proposed Action 2026/27
4.1	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.	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	Dec 2024	Complete: EHRT delivering 40 additional Frontline Equality Assessments by May 2026 (22 complete to date). Robust quality assurance to support Board and HSCP EQIAs ongoing (40+ in this reporting period).	<i>Continue to ensure all relevant service decisions are subject to equality impact assessment and that policy development is subject to robust assessment via approved governance routes.</i> <i>Our Frontline Equality Assessments will target the priority service settings identified in national Anti-Racism Plan guidance.</i> <i>Informed by</i>

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						<i>learning sessions delivered to Digital Service team, ensure all digital developments are scrutinised through EQIA process and continue to mitigate identified risk.</i>
		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	Complete/ongoing: Equality Impact Assessment programme ongoing to identify risk of digital exclusion on the grounds of Race.	
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	Publish and use learning from 2024/2025 Fairer NHSGGC Equality Scheme monitoring report activity, relating to experience of BME people in our care.	EHRT	April 2025	Complete: Learning from the 2024/25 Monitoring report has informed our specific outcomes for 2025-2029 including a focus on the experiences of minority ethnic people in Emergency Care.	<i>Final report will inform resource development for ED settings, building on the development of 25/26 resources including enhanced interpreting support</i>

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	patient care.				Direct patient engagement work is currently underway in this setting with final report due April 2026.	<i>awareness and access.</i>
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 (MECOPP) to enhance positive health outcomes for our Gypsy, Roma and Traveller communities	EHRT, West Dun HSCP	March 2025	Complete: Partnership work ongoing with MECOPP supporting vaccination uptake and rights to healthcare resource development (Emergency Care and Hospital Services).	<i>This partnership has been agreed to continue across 2026/27.</i>
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	Complete: Feedback sessions delivered towards the end of 2025. CRER made a range of recommendations for NHSGGC's Anti-Racism plan future delivery. These have been mapped	

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					against the existing plan with adjustments made where possible.	
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) and mothers with Gestational Diabetes.	EHRT	Sept 2025	Ongoing: Our Peer Educators will work across user groups to promote early intervention services. Planning is currently underway to enhance minority ethnic champions in Type 2 Diabetes settings within a wider review of minority ethnic engagement models with a focus on community-led co-production approaches.	<i>Informed by learning sessions delivered to Digital Service team, ensure all digital developments are scrutinised through EQIA process and continue to mitigate identified risk.</i>
4.4b	Focus on Perinatal care	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	EHRT	March 2026	Ongoing: with RCM delivery of anti-racism management and frontline staff training in December 2025 as part of a 44 Equality and Human Rights	Ongoing activity

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		patterned by race / interpreting required.			Action Plan. This includes development and delivery of a specific early intervention and prevention framework and promotion of intervention in high risk groups including minority ethnic mothers with Gestational Diabetes.	
		Proactive response to the Amma Birth companions experience and outcomes report, published in March 2024: action plan developed with all actions underway with significant progress made.	EHRT	September 2025	Ongoing: with investment in a range of resources designed to better meet the needs of minority ethnic mothers (booking information, digital access, interpreting audits and updated staff guidance).	Ongoing
		Mentoring for global majority prospective applicants for midwifery programmes, providing work experience and support with personal statement, to be in place for	EHRT	March 2025	Ongoing: with supported routes into midwifery for minority ethnic people promoted at health fayres and	Ongoing

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		2025 admissions.			other events. A review of recruitment advertising is underway promoting diversity pictorially in aligned material and reviewing wording of job adverts/descriptions. Work has been informed through meetings with minority ethnic midwives and will support additional in-reach to schools.	
		Staff survey to be conducted on career progression and retention, and experiences of racism.	Staff Experience	October 2025	Complete: Experiences of discrimination tested through BME Network survey and health strategy survey	
		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	EHRT	December 2025	Actions pending	

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		undergraduate education.				
		Best Start EQIAs and 2 FEAs will be completed by Q4 2024/25, with composite review completed.	EHRT	March 2025	Complete	<i>Continue delivery of FEA within maternity settings and deliver EQIA of any service changes.</i>

GUIDANCE ELEMENT: ONGOING TESTING THROUGH ENGAGEMENT WITH LIVED EXPERIENCE COMMUNITIES						
No	Areas of focus	Identified Additional Requirement	Owner	Timescale	Status/Update	Proposed Action 2026/27
5.1	Ensuring the Plan is a living document and can 'flex' to meet the emerging needs of Minority Ethnic	A programme of discussions led by CRER with key stakeholders, to ensure maximum transparency and	EHRT	Ongoing	Complete	<i>Engagement across the period with ethnic communities to better understand progress and</i>

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	people.	scrutiny.				<i>deliver Q&A hosted sessions with service leads from targeted areas.</i>
		As part of ongoing engagement, consider the development of an underpinning performance framework for our anti-racism plan.	EHRT/ Staff Experience	Ongoing	Ongoing	<i>Measures reported through the WEG updated to reflect better monitoring of trends. (June 2026)</i>
		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	Ongoing	Ongoing

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