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

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

2. Data and Evidence

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

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

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

3. Workforce, Culture and Wellbeing

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

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

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

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	**Complete:** 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. **Complete:** All NHSGGC Directors have anti-racism objectives included in their annual objectives.	Continue to include anti-racism objectives in NHSGGC Director's annual objectives – May 2026 Extend anti-racism objectives to Director's senior direct reports – Aug 2026 Review NHSGGC leadership guide to ensure explicit anti-racism behaviours are included – June 2026 Develop Communications plan to underpin our anti-racism work, including visible leadership from non-Exec and Exec members – June 2026

1.2	Build understanding and capacity on anti-racism. Commitment to sustained anti-racism training and development for all leaders, including training on cultural competence. This recognises that it is not the responsibility of minority ethnic people to educate others.	NHSGGC will work with CRER in 2024/25 to test their suite of Scottish Government funded resources and augment with existing NHS Education for Scotland packages to develop a long-term training plan.	Equality & Human Rights Team (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. All equality and diversity training delivered by the Equality and Human Rights Team prefaced with the Lawrence inquiry and exploration of institutional racism.	Complete options appraisal on developing a new NHSGGC anti-racism policy – August 2026

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.	Feeding from our report launch event in November 2025, key developments integrated into aligned priority service areas as outlined in Anti-Racism guidance.
2.2	Monitor and improve levels of completeness and accuracy and of equalities data collections, with an explicit early focus on race and ethnicity data.	Fairer 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%. Targeted anti-racism work in Maternity Services has returned a minority ethnic patient data capture figure of 99.6%. Our Mental Health Service	Maintain improvement trajectory. Publish our annual workforce monitoring report, setting out our current ethnicity data and key metrics such as recruitment and turnover by ethnicity – April 2026 Continue to develop our quarterly Workforce Equality Group storyboards

					(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.	to better track our progress in our KPIs related to ethnicity – Dec 2026 Integrate ethnicity data into local workforce plans, so that actions to address representation across all NHSGGC sectors are better embedded – Oct 2026 Develop a plan for an annual BME staff survey to track progress and experiences – Aug 2026

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.	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
		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	Cohort four of our minority ethnic leadership programme launched - April 2026
		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.	Increase numbers of staff on our minority ethnic mentoring programme to 30 – October 2026

		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**	Implement recommendations from the reviews completed by the Medical Wellbeing Group and the Cultural Pastoral Nursing & Midwifery Group - Dec 2026
		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 representation and develop plans to address, including where appropriate liaison with higher education institutions.		Target groups to be identified by June 2025.	**Complete/ongoing:** Anti Racism planning in mental health services underway including workforce representation aligned to development work in challenging racism perpetrated by inpatients.	Incorporate actions into local workforce planning processes to better diversify our workforce – Oct 2026
		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.	Review with our equalities forums their participation in our senior recruitment to identify any areas for improvement – Dec 2026

		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.	Annual engagement programme developed, agreed and implemented to promote an inclusive workplace for all staff – June 2026 Continue to promote the BME Staff Network, building their profile and capacity to advocate for change and improvement.
		Delivery of face-to-face EDI training programme for all NHSGGC people managers in partnership with a nationally recognised provider. Promoting online learning resources – including Race Equality and Cultural Humility – to all staff in NHSGGC.	Head of Learning and Education Head of Staff Experience	December 2025 From February 2025	**Ongoing:** delivery programme. To date 488 senior managers and 455 middle managers have completed bespoke EDI learning programmes.	Ongoing EDI training for all new manager – mandatory programme introduced in 2026 – from August 2026.
3.2	Improve reporting of incidents related to racism,	Delivery of a series of hate crime awareness sessions with a focus on race-related prejudice underpinned	Equality & Human Rights Manager/ Spiritual Care	Oct 2025	**Complete:** Comprehensive series of Hate Awareness and Reporting sessions ran across 2025 with quarterly sessions planned for 2026	Working in partnership with our trade unions and informed by the lived experience of our BME Network, review our hate

	discrimination, bullying and harassment. Understand issues with reporting channels and ensure staff feel supported and safe to report incidents.	by a ‘support to report’ focus. .	Lead		with a daily session running across Hate Awareness Week (10/10/26-17/10/26)	crime reporting processes and training – Jan Review and improve reporting channels for racism, ensuring multiple safe routes and clear escalation options – Nov 2026 Audit disciplinary and harassment claims relating to racism to identify any learning and any bias – August 2026 Develop specific anti-racism training and resources, including on specific kinds or racism such as islamophobia - Dec 2026

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).	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. Our Frontline Equality Assessments will target the priority service settings identified in national Anti-Racism Plan guidance. Informed by learning sessions delivered to Digital Service team, ensure all digital developments are scrutinised through

						EQIA process and continue to mitigate identified risk.
		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 patient care.	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. Direct patient engagement work is currently underway in this setting with final report due April 2026.	Final report will inform resource development for ED settings, building on the development of 25/26 resources including enhanced interpreting support awareness and access.
4.3	Establish	Pilot in partnership	EHRT, West	March 2025	**Complete:** Partnership work	This partnership has

	mechanisms for collaboration with the third sector, community and faith groups, and minority ethnic staff to improve cultural appropriateness, and address barriers to access.	with third sector agencies (MECOPP) to enhance positive health outcomes for our Gypsy, Roma and Traveller communities	Dun HSCP		ongoing with MECOPP supporting vaccination uptake and rights to healthcare resource development (Emergency Care and Hospital Services).	been agreed to continue across 2026/27.
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 against the existing plan with adjustments made where possible.	
4.4a	Focus on Type 2 Diabetes (T2D) and Cardiovascular Disease (CVD)	Deliver Diabetes Early Intervention and Prevention Framework and promote early identification and	EHRT	Sept 2025	**Ongoing**: Our Peer Educators will work across user groups to promote early intervention services. Planning is currently underway to enhance	Informed by learning sessions delivered to Digital Service team, ensure all digital developments are scrutinised through

	prevention	intervention in higher risk groups including Black and Minority Ethnic (BME) and mothers with Gestational Diabetes.			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.	EQIA process and continue to mitigate identified risk.
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 patterned by race / interpreting required.	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 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.	Ongoing activity
		Proactive response to the Amma Birth companions experience and outcomes report, published in March 2024: action plan developed with all	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

		actions underway with significant progress made.				
		Mentoring for global majority prospective applicants for midwifery programmes, providing work experience and support with personal statement, to be in place for 2025 admissions.	EHRT	March 2025	**Ongoing**: with supported routes into midwifery for minority ethnic people promoted at health fayres and 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.	Ongoing
		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	EHRT	December 2025	Actions pending	

		from BME communities into Maternity care assistant roles and potentially midwifery undergraduate education.				
		Best Start EQIAs and 2 FEAs will be completed by Q4 2024/25, with composite review completed.	EHRT	March 2025	**Complete**	Continue delivery of FEA within maternity settings and deliver EQIA of any service changes.

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 people.	A programme of discussions led by CRER with key stakeholders, to ensure maximum transparency and scrutiny.	EHRT	Ongoing	**Complete**	Engagement across the period with ethnic communities to better understand progress and deliver Q&A hosted sessions with service leads from targeted areas.
		As part of ongoing engagement, consider the development of an underpinning performance framework for our anti-racism plan.	EHRT/ Staff Experience	Ongoing	Ongoing	Measures reported through the WEG are being updated to reflect better monitoring of trends. (June 2026)
		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