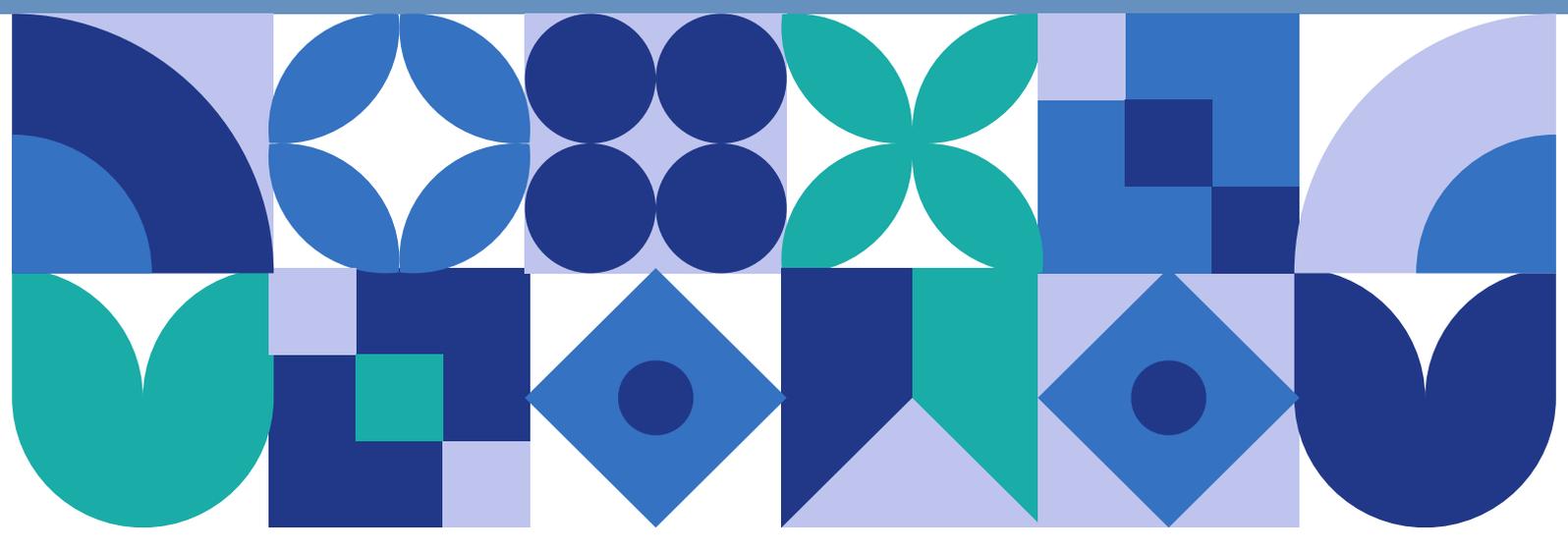


Anti-Racism Plan

2025 to 2029

From Acknowledgement to Action:
Building an Anti-Racist NHS Forth Valley



Ethnic Diversity Network

NHS
Forth Valley



Working Together For Change

Creating an anti-racist organisation is essential to safe, compassionate care - and it requires commitment from all of us. We ask our colleagues, patients, and communities to speak up, take action, and be part of the change.

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Joint Message from the Board Chair, Chief Executive and Ethnic Diversity Staff Network Chair



We openly acknowledge that racism impacts the people who use our services and our colleagues who work within NHS Forth Valley. Racism can be experienced through individual behaviours, organisational culture, health inequalities and the systems and structures that shape how decisions are made, and this is unacceptable. As an organisation and as NHS Forth Valley employees we have a responsibility to recognise this reality, challenge this reality it and actively change it.

Our Anti-Racism Plan sets out our commitment to take a clear and strong stance against racism. We will identify and challenge racism wherever it exists and takes practical, sustained actions to dismantle it within our organisation. Our aim is to provide a workplace where every member of staff feels valued, respected and safe at work – an environment where every individual can flourish.

We will create a culture where our colleagues feel confident and supported to report racism and discrimination. We will listen to those who experience racism, act on any concerns raised, and be open about what we are doing.

As a learning organisation, we must ensure we value, foster and celebrate diversity and inclusion within our organisation, appreciating the richness of skills and experiences that a diverse workforce brings.

We know that based on ethnicity, racialised health inequalities exist in people's access to and experience of services, leading to poorer health outcomes. We are committed to meeting the diverse needs of our communities, providing care and services that are inclusive and person-centred. Through our Population and Health Care Strategy a fundamental area of work is "Knowing our Population" which will enable us to understand and address the health inequalities which exist based on ethnicity within Forth Valley.

We will listen to our communities and use their lived experience to shape our services and reduce inequalities. As a Board, it is important that we are held accountable for progress, and we will work with our colleagues and communities as we take forward the implementation and delivery of our plan.

Creating an anti-racist NHS Forth Valley is not optional - it is essential to delivering safe, effective and compassionate care and ensuring that every member of our staff feels valued and supported. This will require courage, honesty and persistence at every level of the organisation. To drive meaningful change, we need your support and commitment to take action to make a difference.



*Neena Mahal
Board Chair*



*Ross McGuffie
Chief Executive*



*Terence Savaridas
EDN Chair*

Setting the Scene

As an organisation, we are clear: racism has no place in NHS Forth Valley. Yet we acknowledge that racial inequality continues to affect our services, our workforce, and the experiences of the communities we serve.

Scotland's demographic profile is changing and as an organisation we need to be agile, responsive and ready to adapt so that the care we deliver meets the demands of our increasingly diverse population.

To achieve real and meaningful change, we must do more than acknowledge these inequalities- we must actively address them. Developing an Anti-Racism Plan allows us to set out a clear and purposeful approach, outlining our ambitions and the actions we will take. This plan represents our commitment to move beyond words and towards deliberate, sustained action to challenge and dismantle racism wherever it occurs across our systems.

Racism is not limited to individual attitudes or behaviours - it is also embedded in long standing social and institutional patterns that can shape peoples experiences and opportunities. These patterns can create and sustain racial inequalities-but they can be changed and working toward that change is essential.

Health inequalities, driven by racism, continue to influence who becomes unwell, who receives timely and appropriate care, and who thrives. We know that colleagues from Black, Asian and minority ethnic backgrounds continue to encounter barriers to career progression, disproportionate higher levels of disciplinary action, and unacceptable experiences of discrimination.

We also know that some patients and communities report feeling unheard, disrespected, or treated inequitably. These experiences cause harm, erode trust, and undermine our ability to deliver compassionate, high-quality person-centred care.

As a nation we are also seeing a significant change in sentiment around both domestic and international policy. Within this context, the Scottish Government has directed all NHS Boards across Scotland to develop Anti-Racism Plans that are responsive to local needs whilst aligning with national priorities. You can read more about the background to the request in appendix 1.

Our Purpose

To achieve real, meaningful change to tackle racial inequalities, we recognise the need to create an impactful plan that details our approach and outlines our ambitions to drive meaningful change. Our Plan is our commitment to move beyond words and take deliberate, sustained action to challenge and dismantle racism wherever it occurs across our systems and our culture. Fairness, dignity and inclusion are core to our purpose as a public service. Racism in any form will not be tolerated –whether in systems or behaviours that exclude, or disadvantage people based on race, ethnicity or culture. Our ambition is clear:

To proactively identify and eliminate racism and discrimination in all its forms, creating environments that value and celebrate diversity.



To ensure equity of access, experience and outcomes, using evidence, data, and lived experience to shape sustainable change.



To create a workplace where all colleagues feel safe, valued and able to reach their full potential.



To build trust and stronger relationships with the diverse communities we serve, by listening and acting on lived experience.



Our Anti-Racism Plan demands accountability, transparency and collective leadership at all levels. Every Board member, every leader and every colleague has a responsibility to bring this to life, acting with integrity, challenging discrimination and living our values every day. The plan sets out not only what we will do, but how we will measure progress and hold ourselves to accountable to the highest standards.

Racism is not inevitable. It is a system that can - and must - be changed. Racism extends beyond individual prejudice to encompass deeply embedded structural, institutional, and historical power dynamics that create and sustain racial inequality. Together, we will create an NHS Forth Valley that truly reflects, represents and respects the people and communities it serves.

Alignment with Key Strategic Work

Our Plan directly supports and aligns with the following key pieces of strategic work across NHS Forth Valley.

NHS Forth Valley Population Health and Care Strategy (2025 to 2035)

Equality and Inclusion Strategic Framework (2025-2029)

Culture Change and Compassionate Leadership Programme

Workforce Wellbeing Framework (2025 to 2029)

NHS Scotland Workforce Strategy

Public Health Scotland's Ethnicity Data Improvement Programme

NHS Forth Valley Values-Based Health and Care Strategy

New Scots Integration Strategy

Together, these ensure that anti-racism is embedded across all aspects of strategic planning, leadership, and service delivery.

Vision and Objectives: What do we want to achieve?

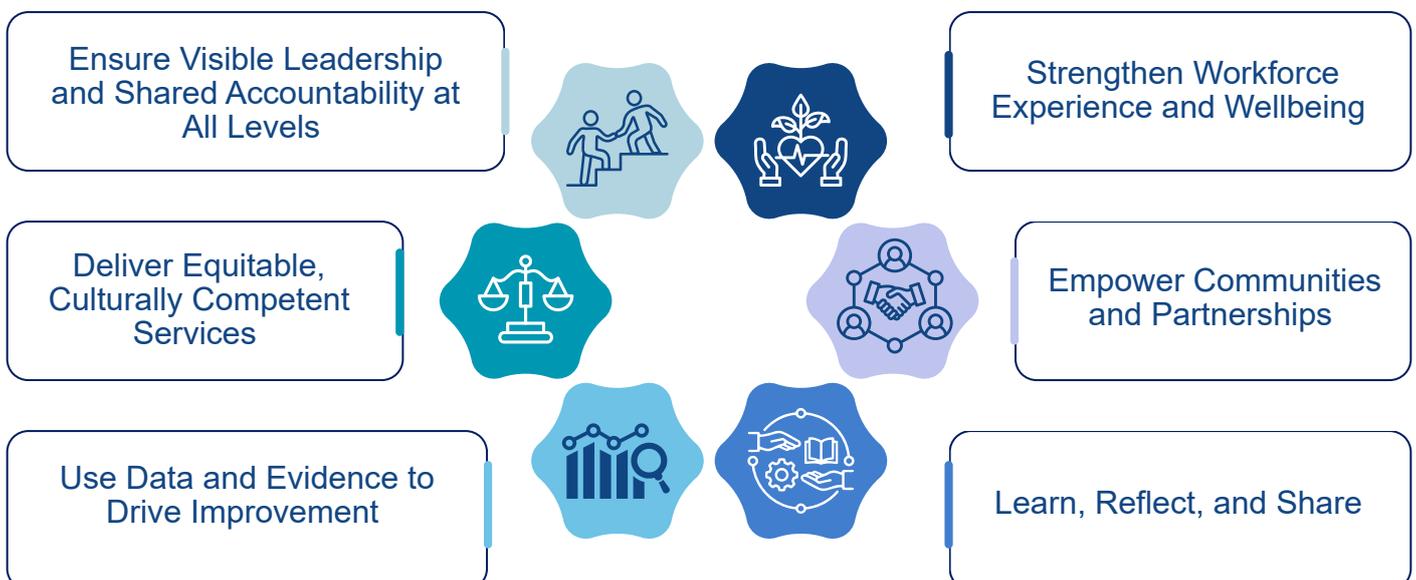
Our Anti-Racism Vision – Working Together for Change

We will create an anti-racist organisation where racism is actively challenged, diversity is valued, and every colleague, patient, and community member feels respected, safe, and heard.

Through commitment, accountability, and sustained action, we will reduce inequalities, improve experiences, and deliver equitable, compassionate care for all.

Key Aims and Objectives

In line with the Scottish Government’s Anti-Racism in Health and Social Care Framework (appendix 1), NHS Forth Valley will focus improvements for Equity-Focused Service Delivery, Workforce, Leadership and Accountability, Data and Evidence and National Alignment, and Learning and Improvement. It is important that we outline what this means for us an organisation on a daily basis, beyond a list of actions, so have summarised below what this work will look and feel like.



Vision and Objectives: What do we want to achieve?



1. Ensure Visible Leadership and Shared Accountability at All Levels

We will ensure that every colleague actively champions anti-racism and models inclusive behaviour that adheres to our shared values. Leadership will be driven by our Board-level Anti-Racism Senior Allyship role and through the Equality, Inclusion and Wellbeing Team and Staff Governance Committee. The Strategic Workforce Programme Board and the Staff Governance and Clinical Governance Committees are accountable for the oversight of our anti-racism progress as an organisation.



2. Strengthen Workforce Experience and Wellbeing

We will foster an inclusive and supportive working environment in which all colleagues feel safe to speak up, are empowered to thrive, and are able to progress equitably. Central to this commitment is our close partnership with the Ethnic Diversity Staff Network, whose insight and lived experience will be embedded into the design, delivery, and evaluation of our people practices and wellbeing initiatives. Together, we will promote Active Bystander and Unconscious Bias training, enhancing cultural competence, accountability, and inclusive leadership across the organisation. Our new Workforce Wellbeing Framework will further reinforce this approach by ensuring that culturally responsive and trauma-informed wellbeing support is accessible, relevant, and available when colleagues need it. By integrating lived experience, targeted training, and inclusive wellbeing provision, we will create a workplace culture in which diversity is valued, wellbeing is prioritised, and every colleague is supported to perform at their best.



3. Deliver Equitable, Culturally Competent Services

We will design and deliver services that recognise and respond to cultural and racial diversity by involving minority ethnic groups in the consultation and design stages of new services and in the redesign of existing services. We will take a whole-system approach that acknowledges that inequality is shaped by how services are accessed, delivered, and experienced, in addition to how they are designed. We will actively identify and remove structural, cultural, and practical barriers that disproportionately affect ethnic minority groups, such as language needs, digital exclusion and trust in our services.

Vision and Objectives: What do we want to achieve?



4. Empower Communities and Partnerships

We will work alongside minority ethnic communities to hear and action vital lived experience input and feedback. As an Anchor institute, we will build upon our partnerships, with not just our local population, but our Colleges, Universities, Public and Third sector colleagues to work collaboratively to co-produce solutions that improve health outcomes and reduce inequalities. We will move beyond consultation to shared ownership and influence that creates inclusive and accessible mechanisms for feedback. We will commit to acting on what we hear, demonstrating how community insight leads to tangible change.



5. Use Data and Evidence to Drive Improvement

We will collect and analyse ethnicity data to identify inequalities, understand who is most affected and evaluate whether interventions are delivering meaningful change. Without robust and accurate ethnicity information, the experiences and outcomes of many people remain hidden within averages. This prevents us from fully recognising where inequities appear, which groups are disproportionately affected, and whether our interventions are making a real difference, both for our workforce and our communities. Our approach will focus on building trust, increasing transparency, and ensuring that data is used meaningfully to drive positive, anti-racist change rather than for compliance alone.



6. Learn, Reflect, and Share

We will deliver anti-racism learning across all levels of the organisation and share and learn from good practice nationally, building upon a culture of continuous learning at all levels. Our commitment includes celebrating the diversity, strengths and contributions of our people and communities. By valuing different cultural perspectives and lived experiences, we enrich the way we work together and deliver care.

Appendix two illustrates the initial key deliverables for each of the above aims and objectives for year one.

Providing Context

Racism, in any form, has no place in our organisation. However, robust national evidence and our own local insight, demonstrate that racism continues to affect colleagues, patients, and the communities we serve. These impacts are not always overt or intentional; they are often embedded within systems, processes, behaviours, and cultures that have evolved over time and can be overlooked. To build the culture of equity, inclusion, and compassion that NHS Forth Valley aspires to, we must be honest about how racism operates and deliberate in how we address it.

Racism manifests at multiple levels and in various ways. Institutional and systemic racism refers to the policies, practices, and organisational norms that - often unintentionally - create disadvantage for people from minority ethnic backgrounds. This can include inequities in recruitment, career progression, disciplinary processes, access to training, service design, and clinical outcomes. These patterns are sustained not by individual prejudice alone, but by systems that fail to account for structural inequality, historical disadvantage, and differing lived experiences. Recognising and addressing systemic racism requires us to examine data, challenge long-standing assumptions, and redesign systems so that equity is built in rather than added on.

Alongside this, interpersonal racism continues to affect the day-to-day experiences of colleagues and patients. This can include microaggressions, stereotyping, exclusion, discriminatory language or behaviour, and failures to appropriately challenge racism when it occurs. Even when subtle or unintended, these experiences accumulate over time, eroding trust, psychological safety, wellbeing, and a sense of belonging. Becoming an anti-racist organisation means creating an environment where racism is recognised, named, and actively challenged, and where colleagues feel safe and supported to speak up.

It is also essential to understand racism through the lens of intersectionality. People's experiences of racism are shaped by the interaction of ethnicity with other protected characteristics such as gender, disability, age, religion or belief, sexual orientation, and socio-economic status. For example, the experiences of a disabled Black colleague, or a Muslim woman, cannot be understood by looking at ethnicity alone. An intersectional approach enables us to better understand compounded disadvantage, tailor support appropriately, and avoid one-size-fits-all solutions.

This work aligns closely with our Culture Change and Compassionate Leadership Programme, which places kindness, accountability, and psychological safety at the centre of how we lead and work together. Becoming an anti-racist organisation is not solely about policies, frameworks, or compliance; it is about how decisions are made, how feedback is received, and how people are treated in moments that matter. It requires leaders and colleagues at all levels to reflect on our own role within systems, to listen actively to lived experience, and to be willing to challenge behaviours and practices that cause harm.

The following sections set out key definitions, explore how racism affects staff experience, patient outcomes, and organisational culture, and describe how we are learning from lived experience - particularly through partnership with our Ethnic Diversity Staff Network and community voices - to drive meaningful, sustained change. This is not a finite piece of work, but a long-term commitment to equity, accountability, and continuous improvement in how we care for one another and for the people we serve.

Key Definitions

To support a shared understanding, our plan uses the following key terms consistently. Clear definitions help ensure that when we talk about racism and anti-racism, we mean the same thing. We know that language in this area can evolve over time, and our understanding will continue to develop as we learn from staff, patients, and communities. These definitions are based on national guidance, Scottish Government terminology, and the work of other NHS Boards, but adapted to reflect NHS Forth Valley's values, culture and local context.

- **Racism** - Racism is when people are treated unfairly or less favourably because of their race, colour, nationality, or ethnic or cultural background. It can be individual (for example, personal prejudice or racist language) or structural (when policies, systems or practices disadvantage and /or harm certain groups, even if unintentionally).
- **Anti-Racism** - Anti-racism goes beyond simply not being racist. It is an active and ongoing commitment to recognise, challenge and change the systems, behaviours and attitudes that allow racism to exist. Anti-racism is a continuous process of learning, reflection and action at both individual and organisational levels.
- **Institutional Racism** - Institutional racism refers to the ways in which policies, practices and organisational culture can, often unintentionally, disadvantage and can harm people from minority ethnic backgrounds. It can appear in areas such as recruitment, career progression, decision-making, or access to services.
- **Micro-aggressions** - These are subtle, often unintentional comments or behaviours that communicate bias or negative assumptions about someone's race or background. While they may seem minor in isolation, repeated experiences can have a significant cumulative impact on wellbeing, confidence and belonging.
- **Intersectionality** - People's experiences are shaped by multiple parts of their identity, such as race, gender, disability, sexuality or religion. Intersectionality recognises that these factors overlap and interact, meaning that discrimination or disadvantage can be experienced in different and connected ways.
- **Positive Action** - The Equality Act 2010 allows organisations to take steps, known as positive action, to address disadvantage or under-representation of certain groups. This can include targeted development opportunities, outreach, or mentoring schemes aimed at achieving fairer representation.

The Impact of Racism on Staff

Racism has a negative impact on staff wellbeing, confidence and career progression. National workforce data and feedback from NHS staff surveys, including the recent BMA survey, show that colleagues from minority ethnic backgrounds are more likely to:

- experience bullying, harassment or discrimination at work.
- feel less confident in raising concerns.
- report fewer opportunities for training or promotion.
- experience barriers to progression into senior roles.

These experiences can lead to stress, reduced engagement, and feelings of isolation impacting both individuals and teams. They also undermine our shared values of compassion, dignity and respect.

Feedback from our Ethnic Diversity Network and staff engagement sessions reflects these themes locally, highlighting the importance of visible leadership, culturally competent wellbeing support and fair career development pathways.

Creating a fair and inclusive workplace is therefore not only a moral and legal responsibility, but also essential to delivering safe, effective and compassionate care. Through our Culture Change and Compassionate Leadership Programme, we are – equipping leaders at every level to model inclusive behaviour, listen with empathy, and respond with honesty and accountability.

The Impact of Racism on Patients and Communities

Racism also affects the people who use our services. Evidence from Public Health Scotland and the Scottish Government shows that people from minority ethnic communities can face barriers when accessing healthcare and may experience poorer outcomes.

Nationally, racial inequalities persist in key areas such as maternity care, mental health, and long-term conditions like diabetes and cardiovascular disease.

Locally, NHS Forth Valley continues to act on these challenges through its ongoing equity-focused work and partnerships across public health, maternity and community wellbeing to address these disparities.

When people feel unwelcome, unheard or unsafe, they may delay seeking help or disengage from services.

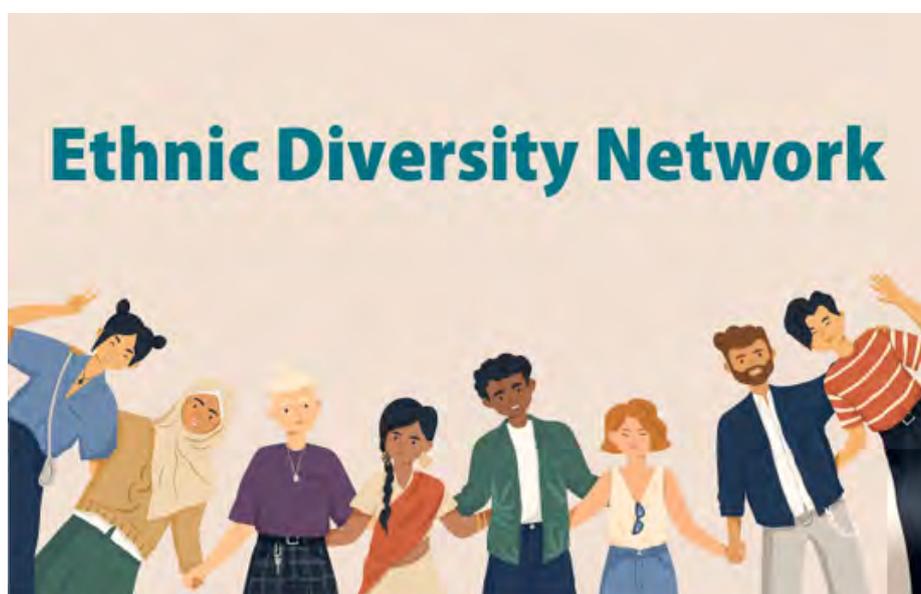
Our Engagement Approach - Learning from Lived Experience

Data helps us understand what is happening; lived experience helps us understand why it is happening. This plan is shaped by conversations and engagement with:

- Staff networks particularly our Ethnic Diversity Network
- Local equality partners and community organisations.
- Regional and national learning through NHS Scotland equality networks.
- Colleagues participating in our Culture and Compassionate Leadership development sessions.

These conversations support honest listen, acknowledge discomfort, and strengthen trust and understanding across our organisation. They provide opportunities for collective reflection, helping both leaders and staff learn from one another's experiences to improve both workplace culture and patient care. We will continue to create psychologically safe spaces for these discussions, recognising that meaningful culture change requires consistent listening, learning and sustained action.

Insights from our Ethnic Diversity Network, staff wellbeing data and Culture Change discovery sessions will continue to inform and refine our anti-racism priorities. This ensures our plan remains responsive and evidence based and grounded in the experiences of our workforce and communities.



Our Approach: How Will We Do This?

We have identified key actions under each of the above objectives. Together these are extensive and reflect the breadth and depth of the work that needs to be done. These actions are also specific and measurable. In appendix 2 we set these out as 'year 1 milestones'. The intention is that this will be a living document that evolves as progress is made, and new actions develop in response to our ongoing and open dialogue with our stakeholders.

Elements of these actions will contribute to improved individual and organisational outcomes, including increased confidence among staff and service users to report racism and discrimination, more consistent and effective responses to racist incidents, and greater trust in organisational processes and leadership.

This will support earlier intervention, better learning from incidents, and a more consistent application of an anti-racist approach across the organisation. The Ethnic Diversity Staff Network will play a key supporting role by providing a safe and trusted space for colleagues to share lived experience, identify emerging issues, and inform organisational learning. The Network will act as a critical friend, offering insight on policy development, staff experience, and the effectiveness of reporting and response mechanisms. Where appropriate, it will also support awareness-raising, signposting, and dialogue, while remaining independent from formal complaint or investigation processes. This will help ensure that action taken is informed by lived experience, grounded in trust, and focused on continuous improvement.

A separate annual action and delivery tool will hold us to account, capturing the details of our progress and enabling us to identify and clearly set out the next set of actions and milestones that will lead us towards our objectives. A high-level snapshot of some of these actions are detailed below:



Equity-Focused Service Delivery

We will:

- Conduct Equality Impact Assessments (EQIAs) on all service redesigns to identify, prevent and mitigate any potential inequalities. Where issues or risks are identified, we will take clear and proportionate action to address them, including redesigning processes, removing barriers to access, and adapting services to better meet the diverse needs of our communities. Findings from EQIAs will directly inform decision-making, with actions tracked, reviewed, and held to account through appropriate governance arrangements.
- Co-design care pathways with minority ethnic communities through engagement sessions, patient panels, and targeted outreach activity. We will engage with colleagues, patients, communities and partners to ensure lived experience informs solutions and that improvements lead to measurable, sustained reductions in inequality.
- Improve access to interpreting and translation services across all clinical and non-clinical settings, ensuring that language is never a barrier to safe, effective and person-centred care.
- Strengthen ethnicity data capture and analysis to monitor patient access, experience, and outcomes, using this data to drive continuous improvement.
- Embed learning from local workstreams, including the Fair for All Group, the Perinatal Care Survey and the Maternity Voices Partnership, to ensure lived experience shapes service design and delivery.

Workforce

We will:

- Deliver anti-racism and cultural humility training for all staff, with enhanced sessions for leaders, building on the pilot of Active Bystander and Unconscious Bias training.
- Expand and strengthen the NHS Forth Valley Ethnic Diversity Staff Network providing protected time and resources to support participation and action planning.
- Review recruitment, promotion, and disciplinary processes through the Do No Harm project to eliminate bias and ensure equity at every stage.
- Provide safe, confidential reporting mechanisms and trauma-informed support for colleagues affected by racism ensuring consistent follow-up and psychological safety.
- Embed wellbeing and inclusion priorities through the Workforce Wellbeing Framework and the Culture Change and Compassionate Leadership Programme.

Leadership and Accountability

We will:

- Appoint a Senior Ally for Anti-Racism to provide visible leadership and advocacy at the highest level.
- Integrate anti-racism objectives within directorate performance reviews and individual appraisal processes ensuring that accountability is built into leadership practice.
- Include updates on anti-racism in quarterly Staff Governance and Clinical Governance Committee reports supporting transparent Board oversight.
- Promote leadership visibility, accountability and participation through active engagement in staff networks, equality events and community partnerships, reinforcing our commitment to role-modelling inclusive leadership.

Data and Evidence

We will:

- Increase the number of staff who feel confident and safe to share their equality information. We will clearly explain why we collect this data, how it will be used, and how it contributes to positive organisational change.
- Improve how we collect and analyse ethnicity data across key clinical pathways to support equitable access, experience and outcomes.
- Strengthen local recording and analysis through workforce systems such as eESS and JobTrain, in line with the national Ethnicity Data Improvement Programme.
- Use insights to identify patterns of under-representation, discrimination or disadvantage, supporting fair recruitment, progression and retention across our workforce.
- Publish annual workforce diversity and pay gap reports in line with our Public Sector Equality Duty (PSED) requirements to ensure transparency and accountability.
- Use qualitative evidence — including focus groups, surveys, and lived experience — alongside quantitative data to build a fuller understanding of staff and service user experiences.
- Share trends and learning across services and leadership teams to inform decision-making, service improvement and anti-racist practice.

Our Approach: How Will We Do This?

National Alignment, Learning and Improvement

We will:

- Embed from national work led by the Equality and Human Rights Division, the NHS Scotland Race Equality Network, and the National NHS Ethnic Minority Forum
- Contribute to the NHS Scotland Anti-Racist Leadership Programme,
- Participate in the Health and Social Care Equality Improvement Collaborative, supporting consistent quality improvement on equality and human rights.
- Take insights and best practice from other NHS Boards and their Anti-Racism Plans, actions and evaluations
- Use evidence and learning from Public Health Scotland, NHS Education for Scotland, and the Scottish Social Services Council
- Engage with Scottish Government Fair Work, Workforce Equality, and Compassionate Leadership programmes, ensuring alignment with emerging priorities and guidance
- Share learning through the Equality and Human Rights Leads Network and the NHS Scotland Race Equality Network, ensuring that local practice is informed by national experience.
- Learn from other NHS Boards and their Anti-Racism Plans and approaches as we recognise that genuine progress towards an anti-racist NHS can only be achieved through shared learning, collaboration and transparency across the whole system.



Ultimately, whilst we will endeavour to collect data and evidence to allow for an assessment of our progress, the proof will be in the voices, experiences and feedback of our minority ethnic colleagues and service users.

Our commitment to anti-racism will be sustained through clear governance, visible leadership and transparent reporting. Our Plan will be overseen by a dedicated working group of key stakeholders that report into the Strategic Workforce Programme Board and then to the Staff Governance and Clinical Governance Committees. Progress will also be shared through our annual Equality Outcomes Report and regular updates to staff networks and local communities, ensuring accountability and visibility across the organisation. Our Board have a legal responsibility to monitor progress and through the above governance routes, will ensure transparency and accountability for the successful implementation of our Anti-Racism Plan.

Monitoring and Evaluation

To ensure our actions lead to meaningful change, progress will be monitored, evaluated and reviewed regularly. We will:

- Develop measurable indicators aligned to the Scottish Government's equality outcomes and national reporting requirements, ensuring input from the user population in their implementation.
- Use workforce and service data to track trends, identify disparities and evaluate the impact of our actions and ensure continuity based on evidence from process audit trails.
- Collect qualitative feedback from staff, patients and communities to understand lived experience and monitor cultural change and integrate anti-racism actions within existing governance frameworks.
- Publish updates and key learning annually through internal and public equality reports, ensuring transparency through the publication of actionable plans and what outcomes have been delivered.

Evaluation will focus on both outcomes (what has changed) and process (how we are achieving change). This will ensure that progress is evidence-based, transparent and accountable at every level.

Continuing Engagement and Updates

Sustained progress relies on ongoing dialogue with colleagues, patients and partners. We will continue to:

- Engage with staff networks, community organisations and equality partners to gather feedback share experiences and understand emerging issues.
- Share progress through regular updates, internal communications and events.
- Ensure colleagues understand how their feedback informs action and decision-making; and
- Adapt our approach based on what we learn, recognising that anti-racism is a continual process of listening, reflection and improvement.

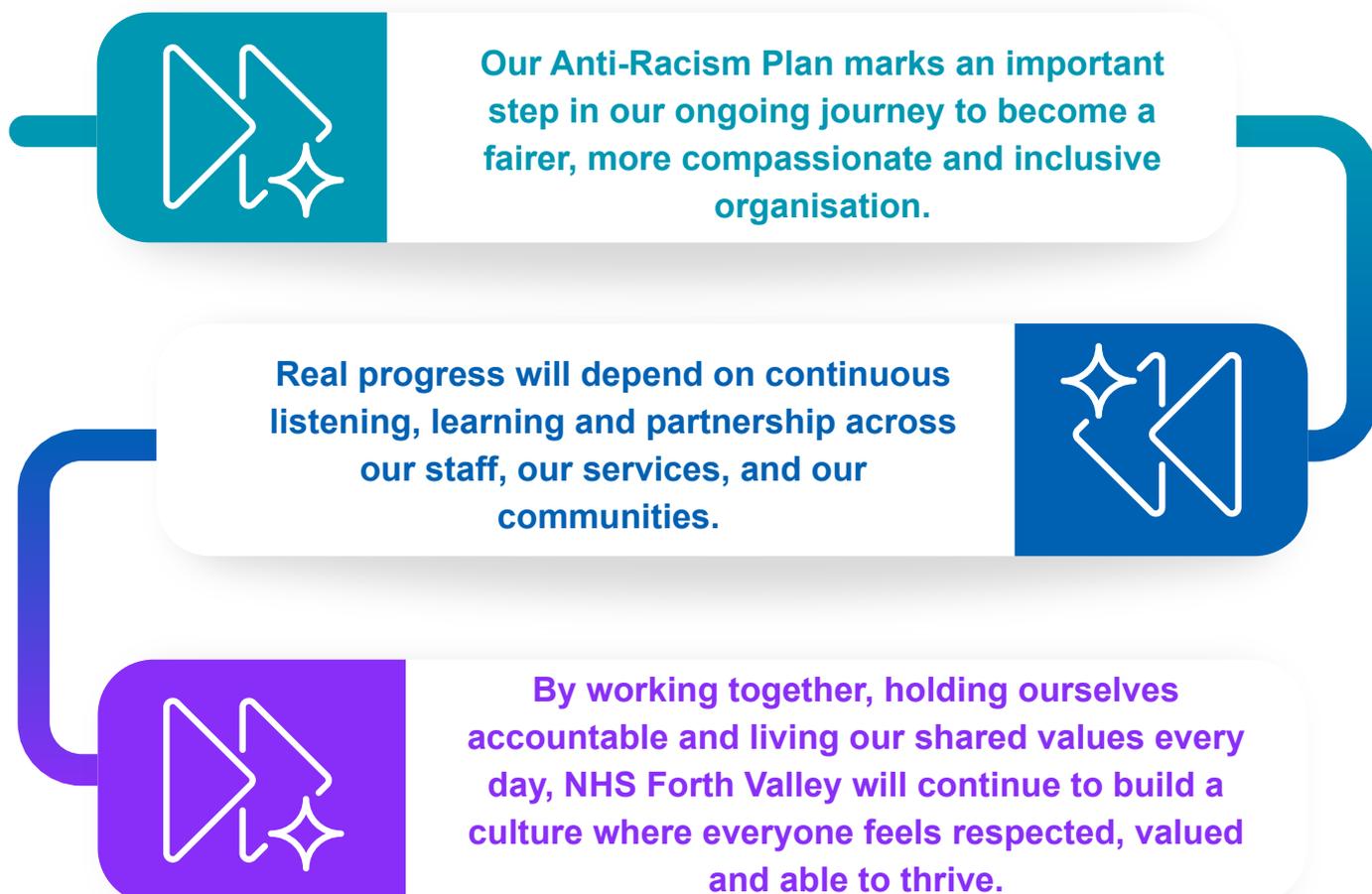


Summary: Looking Ahead

We are committed to creating the conditions for an anti-racist NHS Forth Valley. We will share our progress, our challenges and examples of what is working well. By being clear about the actions we take and how we measure their impact, we will ensure our Plan remains focused on improvement rather than intention alone.

Our work will reflect national priorities while also responding to the needs of our workforce and communities to ensure our Anti-Racism Plan remains aligned, evidence-informed and impactful. We know that reliable, transparent data is essential to understanding where racial inequalities exist and how to address them effectively and we are committed to improving the quality, completeness and use of ethnicity data across both our workforce and service user records.

Our aim is to embed anti-racism as a core part of how NHS Forth Valley works. This is not a one-off project, but a lasting commitment that shapes our culture, policies and everyday practice.





Get Involved

Creating an anti-racist organisation is a shared responsibility, and meaningful change depends on the involvement of our colleagues, patients, and communities.

There are many ways to get involved - by sharing lived experiences, speaking up about racism and discrimination, taking part in learning and engagement opportunities, and helping shape how our services are designed and delivered.

By working together, listening openly, and taking action, we can make a lasting difference.

To find out more, please get in touch via FV.equality@nhs.scot.

Alternative Formats

We want you to be able to access this document in the way that best suits you. To request this document be made available in another format, please contact:



Phone: 01324 590886



Text: 07990 690605



Email: FV.interpretation@nhs.scot

The Scottish Government issued a DL to every NHS Board to develop an Anti-Racism Plan that sets out how they will contribute to eliminating racism across Scotland’s health and care system. Figure 1 illustrates the detail of the Scottish Government ask, with a dual focus on both workforce (including culture and wellbeing) and equity-focused service delivery, for which there are three key areas:

1. Type 2 Diabetes and Cardiovascular Disease prevention
2. Perinatal Care
3. Mental Health

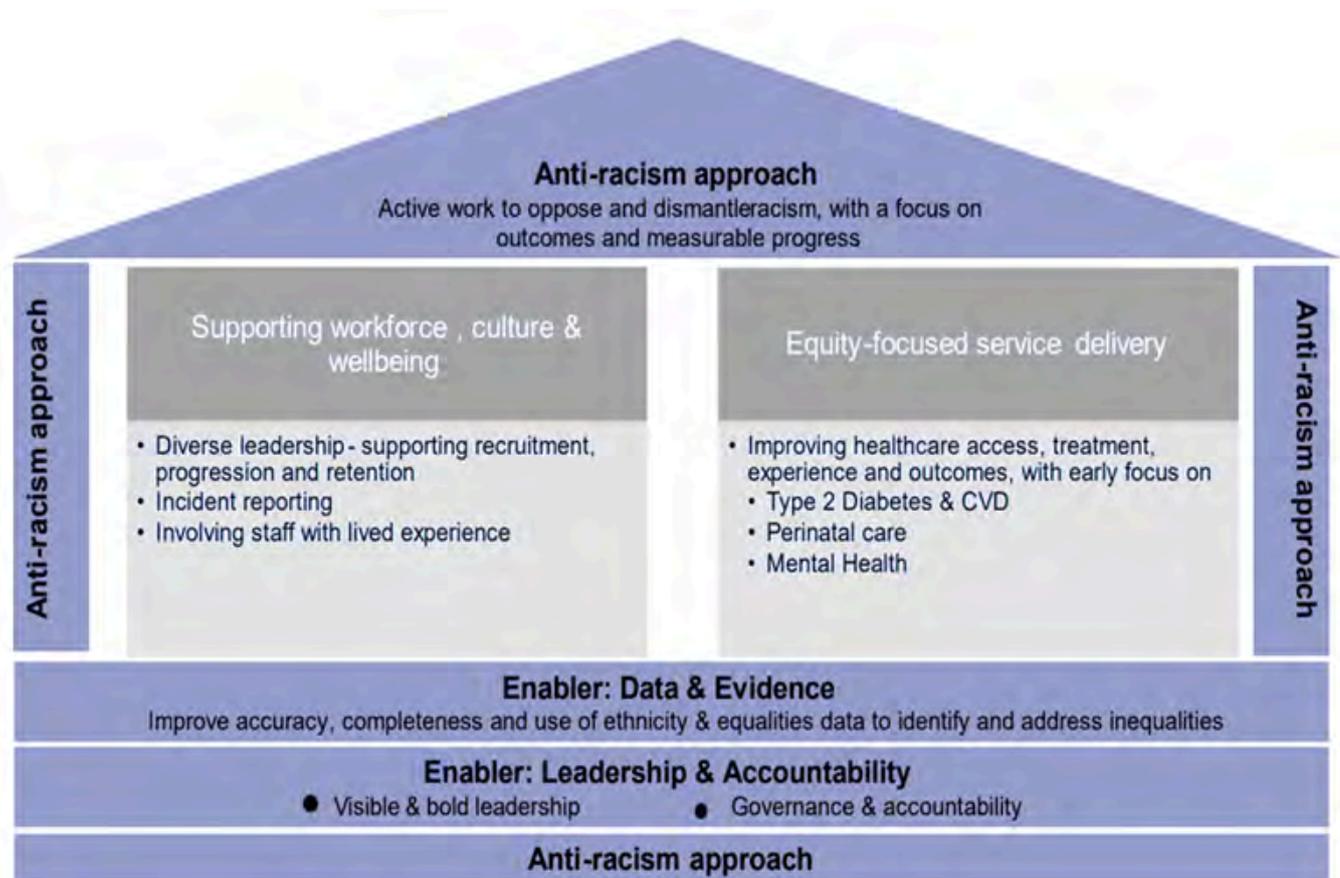


Figure 1 above details the two key enablers of leadership and accountability and data and evidence. For NHS Forth Valley, our Plan provides the structure for local action to address racial inequality in both workforce experience and service delivery. It aligns with our Board’s purpose and our agreed vision for our Population Health and Care Strategy which is to improve the health and wellbeing of everyone living in Forth Valley by working with our partners to prevent people from becoming unwell, reduce health inequalities and make the best use of the resources available to achieve better outcomes.

1. Equity-Focused Delivery

Deliver Equitable, Culturally Competent Services

We said we would: Ensure services are designed and delivered in ways that respond to racial and cultural diversity. This will include an initial focus on diabetes and cardiovascular health, Perinatal and maternity care and mental health, as outlined by Scottish Government as key focus areas in response to evidence.

Priority Actions	Milestones (Year 1)	Success Measures
Continue to encourage better completion rates and effective use of EQIAs	Ongoing improvement work for EQIAs to reduce administrative element and focus on key discussions and mitigations against potential discriminatory practice.	Increase in number of completed EQIAs and better lived experience engagement and co-production as evidenced via Pentana. Clear evidence of how EQIAs have been used to inform better decision making and reduce inequalities.
Strengthen workforce skills in cultural competence	Encourage uptake of TURAS modules and offers of support from Equality, Inclusion and Wellbeing Service by improving training and awareness sessions offered and increased capacity to deliver these to reach more colleagues.	Increase in uptake of training and sessions as evidenced via Pentana and TURAS records. Staff report feeling more confident and knowledgeable about racism and health inequalities. Patient data and feedback highlight better access to services and less incidents of racism.
Review current patient and service-user feedback to identify areas for improvement in relation to anti-racism.	Responsive to feedback and evidence of positive changes made as a result of listening to lived experience input.	Patient-reported experience improvements and feedback from key third sector organisations in relation to lived experience and community insights including barriers or gaps in services and opportunities for positive impact. Greater collaboration and increased engagement.
Collaborate with communities for any service redesign.	Links with actions above, but co-production workshops with diverse community groups such as focus groups or surveys.	Greater trust evidenced in feedback from minority ethnic patients, which includes an increase in engagement numbers.
Specific focus on diabetes, perinatal care and maternity and mental health for targeted outreach, feedback and support.	Review of current gaps and barriers to access and effective care. Increased awareness for patients around the support available to them and how to provide feedback (actively supported with simple tools and mechanisms that encourage feedback). Increased education for colleagues around cultural sensitivities that may contribute to health inequalities within this area.	Increase in feedback from minority ethnic patients in this area, increase in staff accessing education resources and evidence from targeted outreach that illustrates widening reach and access. Area-specific feedback and data.

Appendix 2: Year One Key Deliverables

2. Workforce

Support Workforce Experience and Wellbeing

We said we would: Ensure every colleague feels safe, valued, and able to progress equitably.

Priority Actions	Milestones (Year 1)	Success Measures
Strengthen voice and lived experience structures	Continue to build upon success of Ethnic Diversity Network and grow membership.	Increased participation in employee networks and opportunities for lived experience voices alongside engagement and support from allies.
Enable safe reporting and psychological safety	Link with ongoing Culture Change and Compassionate Leadership Programme work around Psychological Safety and create additional protected characteristics questionnaire for IR1s relating to discrimination to allow better understanding and targeted support and learning.	Reduced perceived barriers to reporting which will likely result in an initial increase in reporting data. Improved protected characteristics data and targeted interventions and learning.
Improve cultural capability and challenge harmful behaviours	Rollout Active Bystander & Unconscious Bias training and encourage uptake of mandatory TURAS EDI training in addition to the other modules available that enhance cultural understanding and knowledge.	Increase in engagement and number of colleagues undertaking training, meeting targets for mandatory EDI training module and showing an increase in access for additional modules and resources.
Embed culturally responsive wellbeing support	Co-develop wellbeing resources with minority ethnic colleagues as part of wider Workforce Wellbeing Framework.	Increased uptake of support services by minority ethnic colleagues.

Appendix 2: Year One Key Deliverables

3. Leadership and Accountability

Show Leadership and Accountability at All Levels

We said we would: Ensure leadership actively champions anti-racism and models inclusive behaviours. Build mechanisms that hold the organisation accountable for progress.

Priority Actions	Milestones (Year 1)	Success Measures
Clarify Board-level roles and responsibilities for anti-racism	Agree remit for Board-level Anti-Racism Senior Ally; finalise and share governance route with key dates.	Allyship responsibilities public and visible; leadership attendance at Ethnic Diversity Network and community events/opportunities for hearing lived experience input and feedback. Link to Board objectives.
Embed oversight within governance structures	Integrate Pentana dashboards & updates into Staff Governance Committee agenda as part of wider Equality, Inclusion and Wellbeing Service improvement work.	Creation of dashboard and improved feedback from governance checkpoints.
Develop leadership capability and anti-racism expectations	Embed anti-racism Plan into key strategic priorities of our leaders, linking with the new Leadership and Management Framework to ensure inclusive leadership standards, aligned to organisational values.	Data from Leadership and Management Framework illustrating engagement. iMatter data – improved around leadership.
Create transparent progress reporting	Publish first annual summary of Anti-Racism Plan delivery in April 2027 to show progress one year on (links to annual Equality Outcomes progress report published each April).	Improved confidence in leadership from workforce survey data (iMatter) and improved feedback and compliments/reduction in complaints. Qualitative feedback from minority ethnic community members.

Appendix 2: Year One Key Deliverables

4. Data and Evidence

Use Insights for Improvement and Empower Communities and Partnerships

We said we would: Improve visibility of ethnicity disparities and track meaningful change, building trust and co-producing solutions with minority ethnic communities.

Priority Actions	Milestones (Year 1)	Success Measures
Enhance accuracy and completeness of ethnicity data	Data quality audit and improvement approach agreed.	Increased engagement in data i.e. eESS ethnicity data.
Develop routine ethnicity-based insights	Creation of Pentana performance dashboard.	Inequalities visibly tracked and monitored.
Use data to drive targeted interventions	Pilot improvement action in one workforce and one service area based on Pentana dashboard data.	Evidence of reduction in identified inequalities.
Map key community partners and establish shared goals	Have increased engagement and key contacts for third sector groups.	Increased joint initiatives and shared learning.
Strengthen collaborative action with Anchor institutions	Widen out local Anti-Racism Plan working group to engage with Anchor colleagues, where appropriate, for joint working.	Development of collaborative approach, actions and resources.
Create accessible feedback mechanisms	Liaise with local groups to improve our feedback channels, removing barriers and encouraging engagement based on lived experience feedback.	Growth in feedback from underrepresented groups.

Appendix 2: Year One Key Deliverables

5. National Alignment, Learning and Improvement

Learn, Reflect and Share

We said we would: Build a culture of continuous learning and celebration of racial and cultural diversity.

Priority Actions	Milestones (Year 1)	Success Measures
Share local and national best practice	Create internal anti-racism knowledge hub within MS Teams channel and Staffnet.	Uptake of resources across teams
Celebrate contributions and cultural diversity	Annual calendar of cultural recognition events co-designed with colleagues.	Workforce survey (iMatter etc.) shows improved sense of belonging and feeling valued.
Establish continuous improvement feedback cycle	Work with Ethnic Diversity Network colleagues to review progress to data and identify key deliverables for future improvements.	Actionable priorities set for Year 2 onwards.
Make key links and contacts with Local Authority, HSCP, Serco and Trade Union colleagues who are leading on this area to share learning and align approach.	Liaise and collaborate with HSCP, Council, Serco and Trade Union equality champions/leads for shared learning to apply an integrated approach.	Evidence of joint-working and collaborative approaches.



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