NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Monday 8 June 2026**

Title: **Anti-Racism Plan**

Responsible Director: **Sarah Leslie, Director of People, Safety and Culture**

Report Author: **Elaine Savory, Equality and Inclusion Manager**

1. Purpose

This is presented to the Board for:
- Decision

This paper relates to:
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

This supports the following Corporate Objectives:

- **Better Health** – Supporting you to live a healthier life
- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

2. Report summary

2.1 Situation

Scottish Government's Chief People Officer wrote to Chief Executives, Board Chairs and HR Directors in March 2024, setting out an additional requirement to embed anti-racism within Executive objectives for 2024/25. Each individual Executive objective should include a commitment that the Board will develop and deliver against an anti-racism plan.

Guidance to support Boards to develop and deliver these plans was released on 9 September 2024 from Scottish Government, signed off by the Director of Health Workforce and the Director of Population Health clearly outlining the expectation that the plan will focus on the wider population health as well as our workforce.

The plan should be developed in partnership with colleagues, staffside, management as well as staff network members and organisations representing minority ethnic communities.

2.2 Background

Racism is a significant public health challenge, and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable health and care system for all.

The Covid-19 pandemic had a disproportionate impact on minority ethnic communities, who experienced higher levels of anxiety and depression rates than the white population. The reasons for this are multi-factorial; and there is overwhelming evidence that existing inequalities compounded by structural racism and discrimination at the face of accessing and utilising services have played a key role in the exacerbation of these inequalities.

Aligned with this, Covid-19 shone a spotlight on pre-existing inequalities experienced by many minority ethnic groups, both in Scotland and in the UK. Some stark statistics during this period include:

- In Scotland, rates of hospitalisation or death were estimated to be around fourfold higher in Pakistani and mixed groups, and around twofold in Indian, other Asian, Caribbean or Black, and African groups compared to the White Scottish group.

- Minority ethnic healthcare workers in the UK accounted for 64% of deaths of nursing and support staff, and 95% of medical staff

For population health, by recognising and addressing the specific needs of racial and ethnic minorities, an anti-racism plan can ensure that these groups receive fair and equitable access to healthcare services. For our own workforce, an anti-racism plan will support creating a more diverse and accepting culture which in turn will enhance NHS Ayrshire & Arran's ability to understand and respond to the needs of our ethnic minority patients.

2.3 Assessment

To develop our anti-racism plan the following were required:

- A clear governance structure
- Mapping / data gathering exercise looking at both our workforce and population demographics
- Link with other plans such as the culture work, annual delivery plan, people strategy and our equality outcomes for 2025-2029

The above were undertaken in the development of the anti-racism plan to ensure that it is mainstreamed into the business of NHS Ayrshire & Arran, is evidence based and has clear reporting structures.

Year one of our equality outcome on anti-racism was to ensure robust engagement and consultation on the plan, both with staff and service users, as outlined in the DL Guidance. This engagement has shaped and informed the content of the plan. Years

two to four of the outcome will focus on implementation and mainstreaming into NHS Ayrshire & Arran business functions.

Continuation of an Anti-Racism Steering Group is proposed to ensure delivery of the actions. A clear governance structure is included within the plan to ensure robust monitoring of progress.

2.3.1 Quality/patient care

The development and implementation of the anti-racism plan should improve access to and experience of health care services, and ultimately improved health outcomes for ethnic minority patients.

2.3.2 Workforce

The development and implementation of the anti-racism plan is expected to deliver improved experience for ethnic minority individuals working for NHS A&A.

2.3.3 Financial

It is expected that the work to drive forward the anti-racism plan will be met from within existing resources.

2.3.4 Risk assessment/management

By not developing and delivering on our anti-racism plan, NHS Ayrshire & Arran would not be meeting the requirements of DL23(2024) - Anti-Racism Plan – Guidance, or our equality outcome 2025-2029 on anti-racism.

2.3.5 Equality and diversity, including health inequalities

The content of this paper provides an account of NHS Ayrshire & Arran's work to deliver our plan as outlined in DL23(2024) - Anti-Racism Plan – Guidance as well as equality outcome one for 2025-2029.

An equality impact assessment has been completed on the work undertaken to develop the plan.

2.3.6 Best value

This paper supports Best Value across the following themes.

- Vision and Leadership
- Effective Partnerships
- Governance and accountability
- Performance management

The broad scope of the Anti-Racism Plan by its nature, covering the services we provide as well as our workforce, means that it does touch across multiple best value themes. It also has direct linkage to our wider equality outcomes.

2.3.7 Other impacts

No other relevant impacts

2.3.8 Communication, involvement, engagement and consultation

NHS Ayrshire & Arran carried out an engagement and consultation phase, with both staff and service users, using different methods to ensure the anti-racism plan is shaped and informed by key stakeholders.

2.3.9 Route to the meeting

This paper has been written based on previous discussions at the Anti-Racism Steering Group and Anti-Racism Engagement Sub Group.

The plan was also shared virtually with the three Staff Networks.
The plan has been presented to the following groups/committees:

- Equalities Implementation Group, virtually 18 December 2025
- Corporate Management Team, 28 January 2026
- Staff Governance Committee, 17 February 2026
- Area Partnership Forum, 16 March 2026
- Corporate Equalities Committee, 2 April 2026

The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

For decision. Members are asked to consider and approve the proposed NHS Ayrshire & Arran anti-racism plan and associated actions.

3. List of appendices

The following appendices are included with this report:

- Anti Racism Plan

NHS
Ayrshire
& Arran

NHS Ayrshire & Arran's Anti-Racism Plan 2026-2029

Introduction

NHS Ayrshire & Arran is committed to tackling racism. We have developed an Anti-Racism Plan for the period 2026 to 2029, which outlines our approach to tackling racism, strengthening inclusion and improving equity across our workforce and the care we provide. The plan is designed to align with our established Equality Outcome on anti-racism and to support our strategic direction in driving meaningful, system wide change. The plan reflects our ongoing promise to ensuring that patients, service users, staff, and volunteers experience an inclusive and diverse culture where everyone is valued and respected.

Background

Racism is rooted in the power structures created through colonialism, where fabricated racial hierarchies were used to justify domination, exploitation, oppression and marginalisation. These colonial systems entrenched ideas of superiority and inferiority, based on the colour of an individual's skin and ethnicity, that still shape our institutions, social norms, and lived experiences today. The enduring legacy of this history continues to drive inequality and discrimination.

The impact of intersectionality, shaped by the combined impact of identities such as race, gender, class, disability or sexuality, can intensify discrimination or privilege and underscores the need to address structural barriers in a way that reflects people's whole lived experience.

Racism has well-evidenced impacts on health, contributing to chronic stress, poorer mental health, and increased risk of long-term conditions, while creating additional barriers to education, employment and healthcare. These experiences deepen health inequalities through the life-course.

Racism can manifest in different ways, both overt and covert, in healthcare including through:

- **Individual racism:** Occurs when a healthcare professional's personal biases or prejudices lead to discriminatory behaviour toward patients.
- **Institutional racism:** Refers to policies or practices within healthcare that systematically disadvantage certain racial groups.
- **Structural racism:** Involves the broader societal systems, such as housing, education, and employment, that intersect with healthcare and create long-term health inequalities among racial groups.

This plan is designed to tackle racism in all its forms, and we are committed to addressing health inequalities that disproportionately affect ethnic minority and marginalised communities. The COVID-19 pandemic highlighted how institutional racism and socio-economic disadvantage lead to poorer health outcomes and experiences for both patients and staff.

Ethnic minority communities face persistent employment barriers driven by structural racism, limited access to networks and opportunities, and recruitment practices that do not fully recognise or value diverse experiences. These systemic inequities restrict entry, progression and fair treatment in the workplace. The organisation recognises the value of a diverse workforce in delivering safe, effective, and person-centred care. The actions contained in this plan seeks to address the inequalities faced by ethnic minority communities.

The Scottish Government's Race Equality Framework (2016-2030) includes the following public health related goals, which our anti-racism plan will seek to contribute towards:

- Goal 26: Minority ethnic communities and individuals experience better health and wellbeing outcomes.
- Goal 27: Minority ethnic communities and individuals experience improved access to health and social care services at a local and national level to support their needs.
- Goal 28: Scotland's health and social care workers are better able to tackle racism and promote equality and community cohesion in delivery of health and social care services.
- Goal 29: Scotland's health and social care workforce better reflects the diversity of its communities.

Why have we developed an anti-racism plan?

Racism is increasingly acknowledged as a significant public health issue and a barrier to equitable healthcare. NHS Ayrshire & Arran has listened to staff experiences, engaged with ethnic minority groups, and identified the need for a structured plan to challenge discrimination, improve inclusivity, and reduce racialised health inequalities. The plan builds on previous equality outcomes and aims to embed anti-racism principles across leadership, workforce, service delivery, and community engagement.

We developed this plan by incorporating insights from patients, staff and the wider community to ensure it reflects real experiences and identified needs. Using robust evidence and local data, we identified key areas for improvement and created an action plan with measurable targets to drive meaningful change and monitor progress over time.

Our population in Ayrshire and Arran

Ayrshire has become increasingly diverse over the last decade, those from ethnic minority communities now make up 2.2 per cent of the total population in Ayrshire.

As recorded in the 2022 Census, here are the ethnicity groups for Ayrshire and Arran and Scotland:

- Mixed or multiple ethnicities: 0.58 per cent in Ayrshire and Arran, 1.12 per cent in Scotland
- African, Caribbean or Black: 0.25 per cent in Ayrshire and Arran, 1.21 per cent in Scotland
- Asian: 1.02 per cent in Ayrshire and Arran, 3.89 per cent in Scotland
- Other ethnic groups: 0.35 per cent in Ayrshire and Arran, 0.92 per cent in Scotland
- White: 97.8 per cent in Ayrshire and Arran, 92.86 per cent in Scotland

Ayrshire has welcomed migrants over the last decade with 3,793 people arriving between 2014-2022 (census). More recently, conflict throughout the world has seen an increase in migration, particularly from Ukraine, Syria and Afghanistan. Migration brings diverse cultural perspectives and skills.

Ensuring a system that supports migrant health is crucial. Migrants may face language barriers, unfamiliarity with local healthcare systems, and mental health pressures due to the stresses of adaptation and integration. Addressing these challenges requires tailoring health services that consider the unique needs of migrant populations, as well as community outreach and support systems to promote their well-being. Through our engagement work, the importance of good interpretation support was emphasised.

In Scotland, the percentage of the population where English is not the first language is 5.5 per cent. In Ayrshire and Arran, this percentage is 1.8 per cent.

Our workforce

A diverse NHS workforce is vital for improving patient care and reducing health inequalities. A culturally competent workforce can meet the unique needs of a diverse patient population, ensuring equitable care.

Diversity also promotes innovation by bringing different perspectives, which improves problem-solving and enhances healthcare delivery. Finally, diversity in the NHS encourages learning and development, as staff can share experiences and enhance their knowledge, ultimately improving the quality of care provided.

NHS Ayrshire & Arran employs 11,906 staff. Ethnic minority staff make up a small proportion, but our staff population is more diverse than the local population. We regularly monitor our workforce data including recruitment and retention information to help us better understand and meet the needs of our workforce. This can be found at Equality information and reports – NHS Ayrshire & Arran.

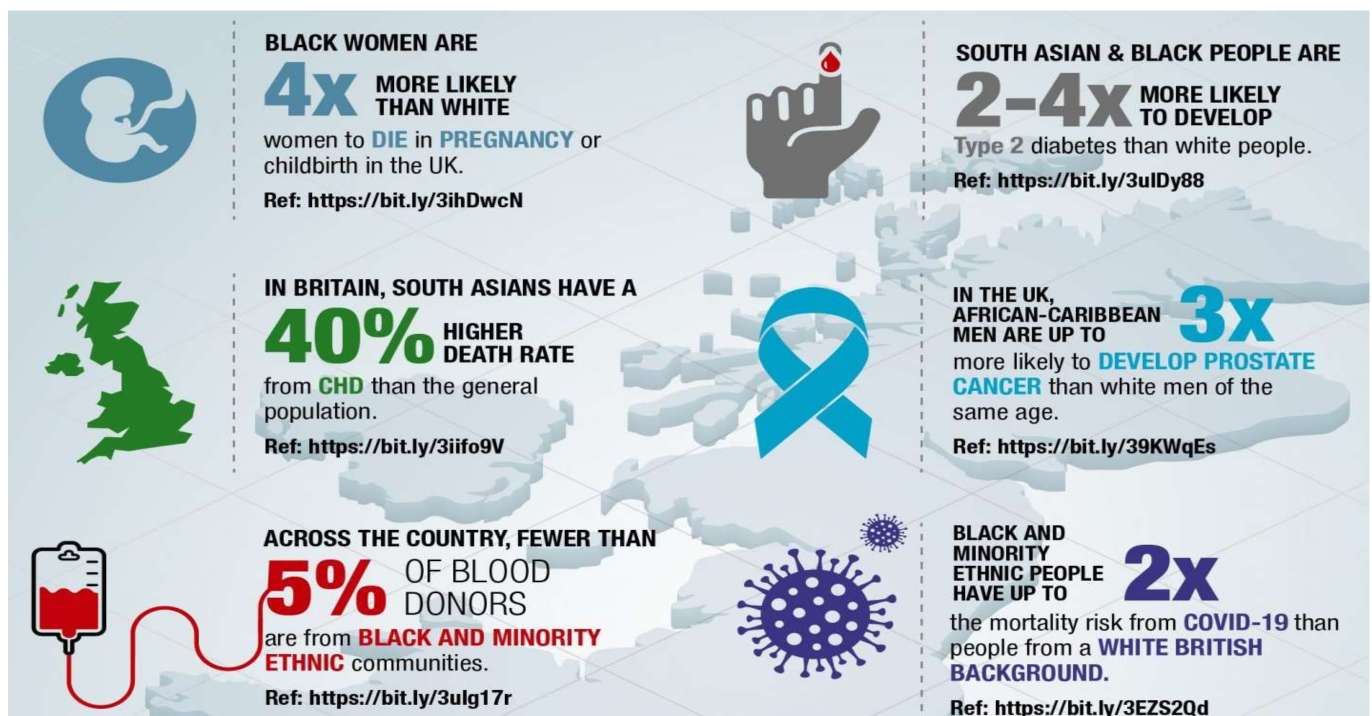
Racialised health inequalities and the importance of delivering equitable care

Health disparities affecting ethnic minority communities are linked to deep-rooted issues within the NHS. These disparities include:

- Inadequate or inappropriate treatment for medical conditions
- Poor quality care or experiences of discrimination from healthcare staff
- Inaccurate or insufficient data collection and usage
- Delays in seeking medical help due to fear of negative or discriminatory responses from healthcare providers

Inequities are particularly evident in areas such as type 2 diabetes /cardiovascular disease, perinatal care and mental health. However, similar challenges may also exist across other healthcare services for ethnic minority groups.

The graphic below highlights some of the findings in relation to health care for ethnic minority people.



Engagement

Initial early engagement began in 2025. Between September and November 2025, this was expanded into a more comprehensive programme to strengthen communication and collaboration with staff and service users. A combination of surveys and in-person discussions ensured that feedback was gathered in an accessible and inclusive way, capturing a broad range of views.

Staff engagement

Staff were invited to participate in online surveys exploring workplace culture, experience or observations of racism, awareness of support routes within the organisation, and areas for improvement. The surveys provided valuable quantitative and qualitative insights and highlighted recurring themes relating to reporting mechanisms, training, leadership and role modelling, and opportunities for professional development. Key findings from the staff survey include:

- **Underrepresentation:** Ethnic minority staff remain underrepresented in senior roles.
- **Reporting confidence:** Only 37 per cent of staff feel confident reporting racism.
- **Incidence of racism:** 49 per cent of ethnic minority staff reported experiencing racism.
- **Cultural concerns:** Only 25 per cent perceive the organisation as having a strong anti-racist culture.
- **Support services:** Awareness and use of support services are limited.
- **Training and workforce planning:** staff expressed strong demand for anti-racism training, more diverse recruitment panels, and increased mentoring opportunities.

Service user engagement

Service users were engaged through an online survey and a series of in-person meetings designed to inform and shape the development of the plan. Across this engagement activity, we heard from individuals representing approximately 18 different language groups. These sessions provided a safe and inclusive space for people to share their lived experiences, raise concerns, and highlight areas where services could be more equitable and culturally responsive. Facilitated discussions encouraged open dialogue, ensuring that a diverse range of voices was heard and reflected in the development of the plan.

Some of the key findings from the service user engagement include:

- **Fair treatment:** 55 per cent of respondents felt they were treated fairly and with respect; 45 per cent did not or were unsure.
- **Experiences of racism:** More than half (55 per cent) reported experiencing or observing racism.
- **Feedback themes:** Service users highlighted both positive experiences and significant concerns, including discriminatory treatment, lack of empathy, language barriers, and unconscious bias.
- **Diversity:** Respondents represented a wide range of ethnic backgrounds, with African and White British being the largest groups.

Community engagement events

- **Access to healthcare:** Most participants reported generally positive experiences, but noted inconsistencies with access to interpretation support, long waiting times, and confusion about how to receive test results and who to contact.
- **Interpreter services:** While interpreter support is usually offered, several issues were identified, including:
  - limited availability of qualified interpreters for specialist appointments.
  - appointment delays or cancellations due to interpreter unavailability.
  - reception staff not always offering interpretation support, leading to communication challenges.
  - written information rarely provided in users' preferred language.
- **Emergency access:** Participants reported difficulty accessing emergency services (999) due to limited information available in alternative languages.
- **Positive experiences:** Maternity services care was praised by some groups.

Engagement with Gypsy/Traveller communities across Ayrshire during 2025 highlighted both the challenges and strengths within these communities in relation to accessing healthcare. Through in-person meetings, focus groups, and interviews, community members described persistent barriers, including long waiting times, difficulties registering with GP practices, and experiences of discrimination when disclosing their identity or address. These issues contributed to mistrust of health services and reliance on emergency care rather than preventive support.

At the same time, the engagement identified important community strengths. Women were recognised as key health influencers within families, supporting uptake of vaccinations and screenings. Trusted frontline staff and the Community Health Worker

played a vital role in bridging gaps and providing culturally sensitive support. Positive experiences were most often associated with respectful relationships and staff who took time to explain care in clear and accessible ways.

Overall, the findings emphasise the need for:

- **Culturally competent services:** Offer cultural competence training for all staff and in particular frontline staff.
- **Improved health information and resources:** Review and adapt public health campaigns to ensure messaging is inclusive and accessible using formats beyond written materials such as verbal, visual and digital methods,
- **Improved access to preventative health checks and screening:** Ensure services are accessible in terms of location, timing and cultural appropriateness.

The engagement aimed to identify key challenges, gather staff perspectives, and shape actionable steps to foster an inclusive, anti-racist organisational culture.

The feedback gathered has been used to identify priority actions, such as improving staff training, strengthening reporting mechanisms, and embedding anti-racist principles into everyday practice. This collaborative approach ensured that the anti-racism plan was not only reflective of service users' perspectives but also grounded in practical steps to drive meaningful change.

What we hope to achieve

Our mission

NHS Ayrshire & Arran is committed to being actively anti-racist - challenging discrimination, addressing health inequalities, and ensuring everyone is treated fairly and with respect. By listening to those affected and working in partnership with our communities, we aim to build a more equitable and inclusive health service.

Our vision

We want NHS Ayrshire & Arran to be a place where everyone feels welcomed. We will achieve this by living out our caring values of welcome, inclusion and respect for everyone.

Monitoring progress

Our anti-racism action plan is supported by a strong internal governance framework that ensures rigorous monitoring, regular review and clear oversight to uphold accountability, transparency, and the effective implementation of our commitments. The graphic below outlines the governance route for our anti-racism plan.

Strategic priorities

Our anti-racism plan sets out five strategic priorities. To achieve these strategic priorities, our action plan outlines the actions we propose to take. The actions outlined, grounded in direct feedback, are designed to address the issues raised and drive meaningful progress towards a more inclusive and equitable healthcare environment. An annual report will be produced to show improvement across the actions set and this will follow the governance route referred to previously to ensure accountability.

Action plan

1. Leadership, accountability and governance

The importance of leadership in creating a fair and inclusive workplace is widely acknowledged. Actions and attitudes of leaders help shape the culture of an organisation making them key to promoting racial inclusion. Having staff in senior roles who demonstrate awareness and competence in diversity and inclusion sends a clear message to staff and service users that these values are embedded in our culture.

Our strategic goals:

- Demonstrate visible and sustained leadership commitment to anti-racism across NHS Ayrshire & Arran.
- Work to eradicate discrimination in the workplace.
- Improve the effectiveness of our recruitment processes.
- Strengthened governance and accountability.

How we will do this:

- Ensure anti-racism commitment is clearly articulated and prominently displayed on the corporate website, supported by practical examples and leadership statements.
- Representation in leadership.
- Develop and launch an anti-discrimination campaign across NHS Ayrshire & Arran.
- Prepare clear, evidence based key messages.
- Create campaign assets.
- Confirm campaign timeline and roll out.
- Engage staff and leadership.
- Monitor and evaluate impact.
- Staff undertaking recruitment are culturally competent to manage and overcome unconscious bias.
- NHS Board members aware of progress on delivery of anti-racism plan.
- Public accountability of equality outcomes.

How we will measure this:

- **Visibility**:
  - Anti-racism statement published and easily accessible from the homepage.
  - Number of leadership messages or videos featured on the site.
- **Engagement**:
  - Website analytics: page views, time spent on anti-racism content.
  - Click-through rates to related resources (policies, reporting mechanisms).
- **Transparency**:
  - Frequency of updates on anti-racism progress (for example, quarterly reports).
  - Number of actions or initiatives linked from the website.
- **Leadership accountability**:
  - Percentage of senior leaders featured in anti-racism communications.
  - Public commitments made by leadership (tracked annually).
- Percentage of workforce within senior leadership roles by ethnicity (as published in our workforce data.
- Campaign reach:
  - Percentage of staff who accessed campaign materials (intranet views, email open rates)
  - Number of campaign assets distributed across sites.

- **Engagement**:
  - Attendance at focus groups/ drop in events/ Q&A sessions.
  - Social media/intranet engagement metrics (likes, shares, comments).
- **Awareness and understanding**:
  - Pre- and post-campaign survey results showing improvement in awareness of anti-discrimination policies.
  - Percentage of staff who can identify reporting channels for discrimination.
- **Leadership visibility**:
  - Number of leaders participating in campaign activities.
  - Public statements or pledges made by senior leadership.
- Percentage of recruiting staff completing unconscious bias training.
- Annual report on progress of anti-racism plan actions.
- Bi-annual publication of progress against equality outcomes and published on public website.

2. Data and evidence

Data is essential for designing and delivering effective health services. It helps identify community needs, highlight inequalities, and guide targeted, equitable care. By monitoring outcomes and service use, data supports continuous improvement and ensures the services we provide are equitable, inclusive and responsive to the changing needs of our population.

Our strategic goals:

- Improved disclosure rates and recording of ethnicity data.
- Develop robust anti-racism metrics and Key Performance Indicators (KPIs).

How we will do this:

- Ethnicity of workforce known.
- Representation by pay band.
- Encourage patients to disclose ethnicity data.
- Analyse data on recruitment activity to better understand equity in recruitment practices.
- Analyse data on patient experiences, service usage, and health outcomes to better understand inequalities and tailor services to meet the needs of diverse communities.

How we will measure this:

- Percentage of workforce with a recorded ethnicity.
- Percentage of ethnic minority staff at each Agenda for Change (AfC) band (band 2-8).
- Percentage of patients with recorded ethnicity in diabetes, mental health and maternity services.
- Percentage of applicants shortlisted and interviewed by ethnicity.
- Percentage of applicants appointed by ethnicity.
- Conduct bi-annual patient experience surveys in diabetes, mental health and maternity services.
- Percentage of complaints citing racism or discrimination.
- See section 4 KPIs for deliverables.

3. Workforce

Our workforce is the beating-heart of our organisation, playing a vital role in delivering high-quality services to our population. A diverse workforce brings a wide range of perspectives, experiences, and ideas, which leads to better problem-solving, innovation, and decision-making.

When staff reflect the communities they serve, it builds trust, improves communication, and helps create more inclusive and responsive services. Valuing and supporting all staff, no matter their background, helps build a strong and successful organisation.

Our strategic goals:

- Opportunities for staff development and progression.
- Routes for reporting racism and discrimination.
- Ensure all staff receive clear, accessible and timely information that strengthens understanding of antiracism principles and enables staff to confidently contribute to creating an antiracist culture.
- Ensure our recruitment processes are fair, accessible and inclusive, to support attracting diverse candidates so our workforce better reflects the communities we serve.

How we will do this:

- Implement a mentoring programme.
- Establish a confidential and easily accessible reporting mechanism, which is fully publicised, for staff to report any incidents of racism or discrimination.

- Investigate any incidents and take action to address the racism or discrimination.
- Monitor reporting mechanisms to identify any themes or trends and take action to address this.
- Establish training and development opportunities for staff to become anti-racist.
- Promote and monitor uptake of available training on Gypsy/Traveller culture.
- Staff undertaking recruitment are culturally competent to ensure no unconscious bias.
- Work with our local ethnic minority communities to develop supportive and equitable practices.

How we will measure this:

- Percentage of workforce by ethnicity engaged in mentoring programmes.
- Initial increase in reported incidents.
- Reduction in substantiated discrimination cases over time.
- Number of incidents reports and transitions to formal employment relations processes where appropriate.
- Annual formal reporting to Staff Governance Committee of outcomes from the monitoring mechanism.
- Percentage of staff completing cultural humility training module.
- Percentage of staff undertaking unconscious bias training session.
- Percentage of staff undertaking bystander training session.
- Percentage of staff undertaking Gypsy/Traveller eLearning module.
- Percentage of recruiting staff completing unconscious bias training.
- Number of engagement activities undertaken.

4. Equity focused service delivery

Marginalised groups often face more difficulty accessing health services due to poverty, discrimination, and unfair systems. The COVID-19 pandemic highlighted how minority ethnic groups faced worse health outcomes and poorer access to healthcare than white groups. Continuing barriers like language, lack of cultural awareness and structural racism make it harder for people to get the care they need, leading to worse health outcomes.

There are four main areas of focus in this section:

1. Language and communication support
2. Diabetes and cardiovascular disease
3. Mental health
4. Perinatal health

Language and communication support

Our strategic goal:

- Ensure equitable access to services.
- Improve health communications to ensure all ethnic minority communities, including Gypsy/ Travellers, can understand and act on health information.

How we will do this:

- Promote and ensure language and cultural interpretation services are fit for purpose and meet the needs of individuals.
- Where appropriate provide translated information in alternative languages.
- Culturally appropriate screening, immunisation and vaccination for gypsy/traveller community.

How we will measure this:

- Percentage of appointments delayed due to interpretation gaps.
- Diversify communication formats.
- Co-design health information with ethnic minority representatives.
- Pilot and evaluate communication approaches.
- Train staff on inclusive communication practices.

Diabetes and cardiovascular disease

Our strategic goal:

- Deliver safe and inclusive care.

How we will do this:

- Use primary care and SCI-Diabetes data to identify under-diagnosis or late diagnosis by ethnic group.

How we will measure this:

- Percentage of population registered with Type 2 diabetes mellitus by ethnicity.
- Percentage of patients with recorded HbA1c in last 12 months by ethnicity.
- Percentage of eligible Type 2 diabetes mellitus patients who had retinal screening in the past 18 months by ethnicity.
  - Percentage of patients with foot risk score recorded by ethnicity.
  - Percentage of Type 2 diabetes mellitus patients with HbA1c less than or equal to 58 mmol/mol or greater than 85mmol/mol by ethnicity.
  - Percentage of patients with BP less than or equal to 140/80 mmHg by ethnicity.

Mental health

Our strategic goal:

- Ensure equitable access to services.
- Deliver safe and inclusive care.
- Deliver patient centred, culturally appropriate.

How we will do this:

- Use data to identify differences in access to care and to redesign pathways to ensure fair and timely access for all ethnic groups.
- Implement an ethnicity-focused review of mental health pathways to identify and address factors contributing to higher detention and readmission rates.
- Co-produce mental health information and resources with gypsy/traveller community.

How we will measure this:

- Percentage of referrals to Community Mental Health Teams (CMHTs) by ethnicity.
- Average waiting time for psychological therapies (PT) by ethnicity (Child and Adolescent Mental Health Services (CAMHS), PT, older adult PT).
- Percentage of referral rejected by ethnicity.
- Rate of detention under Mental Health by ethnicity.
- Percentage of re-admissions within 12 months to mental health inpatient care, by ethnicity.
- Culturally appropriate mental health information available.

Perinatal health

Our strategic goal:

- Ensure equitable access to services.
- Deliver safe and inclusive care.
- Deliver patient centred, culturally appropriate care.

How we will do this:

- Use data to identify differences in access to care and to redesign pathways to ensure fair and timely access for all ethnic groups.
- Implement an ethnicity-focused review of mental health pathways to identify and address factors contributing to higher detention and readmission rates.
- Co-produce mental health information and resources with gypsy/traveller community.
- Monitor care delivery outcomes measures and identify and address factors contributing to inequalities in care and outcomes.
- Use data to identify differences in access to care and to redesign pathways to ensure fair and timely access for all ethnic groups.

How we will measure this:

- Percentage of referrals to CMHTs by ethnicity.
- Average waiting time for psychological therapies by ethnicity (CAMHS, PT, older adult PT).
- Percentage of referral rejected by ethnicity.
- Rate of detention under Mental Health by ethnicity.
- Percentage of re-admissions within 12 months to mental health inpatient care, by ethnicity.
- Culturally appropriate mental health information available.
- Maternal mortality per 100,000 live births by ethnicity.
- Neonatal mortality per 1,000 births by ethnicity.
- Preterm birth rate by ethnicity (percentage of births before 37 weeks gestation).
- Percentage of neonates small for gestational age by ethnicity.
- Percentage of neonates admitted to neonatal care by ethnicity.
- Percentage of babies breast fed at six to eight week review by ethnicity.
- Percentage of women with recorded BMI recorded at booking by ethnicity.
- Percentage of women booked into services before 12 weeks gestation.

5. Engagement and feedback

Engagement and feedback from staff and service users are essential to improving services and creating a positive, inclusive working environment. Listening to staff helps us understand what is working well and where improvements are needed, supporting morale, confidence and performance. Feedback from service users ensures we are meeting people's needs when they are access health services. When people feel listened to and involved, it builds trust, strengthens relationships and supports a culture of continuous improvement. Ongoing engagement will be central to shaping, delivering and evaluating our anti-racism commitments.

To achieve these strategic priorities, our action plan sets out the actions we will take. Grounded in direct feedback, these actions are designed to address the issues raised and drive meaningful, measurable progress towards a more inclusive and equitable healthcare environment.

Our strategic goal:

- Ongoing feedback from staff.
- Strengthen trust and collaboration with ethnic minority communities by actively listening and responding to their experiences of accessing health services.

How we will do this:

- Continue to engage with our Ethnic Minority Staff Network (EMSN), as well as wider staff, on the progress of the plan.
- Continue to engage with our ethnic minority communities, including gypsy/travellers, on the progress of the plan.
- Continue to expand feedback collection from ethnic minority communities.
- Act on feedback to improve services.
- Build ongoing engagement structures.

How we will measure this:

- Number of quarterly meetings of EMSN held.
- Number of meetings with gypsy / traveller community held.
- Feedback reach:
    - Number of ethnic minority community members engaged in feedback activities.
    - Percentage increase in participation compared to previous year.

- Quality of engagement:
  - Satisfaction score from participants on the feedback process.
  - Number of community-led suggestions incorporated into service improvements.
- Impact:
  - Reduction in reported barriers to accessing health services.
  - Improvement in service experience ratings among ethnic minority communities.
- Transparency:
  - Percentage of feedback reports shared publicly or with communities.
  - Number of follow-up actions communicated back to participants.