Equality, Fairer Scotland and Children’s Rights Impact Assessment

**NES Anti-Racism Action Plan 2025-2026**

POSAL/ WORK HERE

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# Introduction

NES directorate or department: This strategy is for all of NES.

Equality, Fairer Scotland and Children’s Rights Impact Assessments help us to make good decisions and think about how we can:

* Take action to advance equality
* Eliminate unlawful discrimination, harassment and victimisation
* Foster good relations
* Develop better technology, education and learning and workforce planning solutions to contribute to Scotland’s health and care
* Support us to be a diverse and inclusive employer
* Demonstrate how we have considered equality and children’s rights in making our decisions.

Impact Assessment is a helps us to consider how our work will meet the Public Sector Equality Duty and it is an important way to mainstream equality into our work at NES.

# Purpose/objective of proposed work

Taking action to address racism is vital if NES is to achieve its vision and deliver on our [purpose](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnewsletters.nes.digital%2Fcorporate-strategies%2Fcorporate-strategy-2023-26%2F&data=05%7C02%7Cjulia.mackenzie3%40nhs.scot%7Ccea2b8966ce34575d2c308dd0a36d78d%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638677952840680024%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=3eMyLd3EhQrq3DJ2cIgCV5TR6iC9Qb1L4zJXjidjqbw%3D&reserved=0) as a national NHS Board. We set out in our equality, diversity and inclusion strategy and plan our work to be an inclusive organisation for our staff, our learners and our partners and to meet our Public Sector Equality Duty through our functions. Additionally, all Boards are required to develop and deliver against an anti-racism plan which will cover both workforce and racialised health inequalities.

The NES Anti-Racism Action Plan will set out our organisational commitment and strategy on anti-racism, building on work started in 2023 in response to recommendations from the Expert Reference Group on Covid and Ethnicity and work to meet the Public Sector Equality Duty (PSED).

Our plan has five key and connected themes, with listed actions with intended outcomes under each theme (Leadership and Accountability, Culture, Equity of Opportunity, Addressing Concerns and Data). The work is specifically aimed at addressing racism:

* Evidence shows how structural racism drives health inequalities - directly through increased stress, poor mental health, cardiovascular disease and discrepancies with diagnoses and indirectly through the impact it has on access to the factors that lead to good health such as employment, housing and education.
* Evidence shows that members of racialised minorities in the health and social care workforce experience racism from the public and colleagues. There is a lack of ethnic diversity in leadership positions and there is an attainment gap between doctors from Black and Minority backgrounds and White doctors.

The Anti-Racism Action Plan has a vision and mission:

**Our Anti-Racism Vision:** *Enabling improved rights-based quality care, experiences and outcomes for racialised minorities in Scotland through an informed, skilled and compassionate health and social care workforce.*

**Our Anti-racism Mission:** *We will proactively tackle institutional and systemic racism to improve racial equity for our people and our learners, which will contribute to addressing racialised health and social care inequalities in Scotland.*

This EQIA has been developed by the NES Equality, Diversity and Human Rights Team and colleagues who were involved in the development of the Anti-Racism Action Plan. The support of the NES Underrepresented Minority Ethnic Network is particularly acknowledged; the Network Chairs have been key partners from the beginning of this process and the staff network provided feedback throughout.

# Evidence

The Anti-Racism Action Plan has been guided by the Framework for Action in the Scottish Government’s guidance to NHS Boards on developing anti-racism plans. The Framework reflects the areas of focus from the Expert Reference Group on Covid-19 and Ethnicity and the evidence on race inequalities. When creating the Plan, we have also been informed by the evidence of intersectionality e.g. Close the Gap’s employer guidance on an anti-racism approach to tackling women’s workplace inequality[[1]](#footnote-2) and other anti-racism plans from public bodies.

We have considered how the plan can contribute to improving socioeconomic outcomes as part of the Fairer Scotland Duty. This includes sources of evidence on income inequalities in minority ethnic communities e.g. [Poverty and Income Inequality in Scotland 2021-24](https://data.gov.scot/poverty/index.html#Equality_analysis) and the lower employment rate of minority ethnic populations. The minority ethnic employment gap is higher for women.

Input from those with lived experience is vital and we have been consulting with our staff networks and with our wider community by offering specific feedback sessions, sharing the draft plan and circulating surveys. Through this, we have been informed by NES employees and trainees across Scotland (both those employed by NES and those employed by other Boards). We have also been informed by peer review, consultation with colleagues in other Boards and relevant research. Throughout these consultations we asked the question “who else should we be engaging with”, to try to reach as many people as possible; however, we acknowledge that we will have gaps and particularly that it is not always easy for minority ethnic employees and trainees to have the time and capacity to share feedback due to systemic barriers and attitudes. One learning from this process has been that we need to do more to engage and educate those in positions of power (senior leaders, managers and educational supervisors) so that they can support engagement from the wider workforce.

# Summary

We have considered how this work will impact on the Public Sector Equality Duty (See Annex A). This includes how it might affect people differently, taking account of protected characteristics and how these intersect, including with poverty and low income. This is important as a national NHS Board in our work to address health inequalities. We have also considered children’s rights, our role as a corporate parent and the Fairer Scotland Duty. We uphold a children's rights approach in NES to support implementation of the UNCRC. NES has developed a suite of resources to support the health and social care workforce, including NES staff, to understand what the UNCRC means.

The anti-racism plan is specifically designed to address racialised inequalities, but it is recognised that other protected characteristics will intersect and can compound these inequalities, such as sex, religion/belief and disability. We will ensure our education and training will reflect this and make those connections across the system to embed this work across NES’ strategy and outcomes. It is also related to our organisational Equality, Diversity and Inclusion Strategy.

The impact assessment has led us to conclude currently that there is no potential for unlawful discrimination, and we have built in actions to advance equality of opportunity and foster good relations.

# Making a difference

The impact assessment has informed the following:

| Issue or Risk identified  | Proposed changes/action | Timescale |
| --- | --- | --- |
| Those consulted with for the plan feel this was a “tick-box” exercise and that their time and input was not appropriately recognised, so disengage from future consultation.  | Reporting and ongoing communication with NES employees and trainees will be key to build on the work so far and continue to foster good relations and trust. It has been identified that educational supervisors will be a key stakeholder group for this work.  | We will commit to regular (at least bi-annual) reporting and continued opportunities for feedback when reporting is shared.  |
| The plan does not align with existing work and priorities, so sits in an “EDI” space rather than becoming integrated and embedded throughout NES. | The plan has been developed in consultation with many different teams across NES. We will develop a plan for delivery, with stated ownership of each action and clear accountability. NES Executive Team have an objective related to the Plan and all staff in NES have a learning objective on anti-racism, equality, diversity and inclusion. | The plan is with the Board for approval by the end of March 2025.Equality and Human Rights Steering Group role in performance management of the plan.Reporting to the Board and relevant Committees on progress with the plan every twice per year. |
| We try to do too many things at once rather than focussing on meaningful, long-term change. | This is a one-year plan which will inform future years. We will ensure that each action is clear, time-bound and has an owner to achieve the action in 2025-26. | The plan is with the Board for approval by the end of March 2025. Implementation will be reviewed through twice yearly progress reports to the Board. |
| While the plan is specifically designed to address racialised inequalities, we recognise that other protected characteristics will intersect and compound these inequalities e.g. sex, religion/belief, disabilities.  | We will work to ensure that our education and training reflects this. Some of the actions focus on broad understanding, such as promotion of the “cultural humility” module and the perinatal health “stigma” module.  | This plan is for 2025-2026 and we will take learnings from this one-year plan into future action plan development.  |
| There is no specific mention of Gypsy, Traveller and Roma communities in the plan. No specific groups are called out in the plan, but we want to ensure that we do not overlook underrepresented groups within our work. | Our plan was developed alongside the [SG guidance](https://www.publications.scot.nhs.uk/files/dl-2024-23.pdf) which states that the focus of the plans should be “people who experience racialised healthcare inequalities, including Black, Asian and minority White groups such as Gypsy Travellers”. We will work to ensure that our education and training is inclusive of these groups.We will discuss plans with Public Health Scotland for education and training on Gypsy, Traveller and Roma communities. | This plan is for 2025-2026 and we will take learnings from this one-year plan into future plan development. |

# Monitoring

The impact assessment will be reviewed to understand the actual impacts of the work.

The Action Plan is a one-year plan, with updates due to the Scottish Government in January 2025 and July 2025. The EQIA will be reviewed alongside this reporting and when the Action Plan for 2026-27 is being developed, to incorporate any learnings and make any necessary amendments.

# Sign-Off

Director: Christina Bichan

Date: 08/04/2025

# Annex A: Impact on equality & socio-economic disadvantage

| Relevant group | Could your work result in unlawful discrimination?  | Could your work put people at a disadvantage/ make their lives worse? | Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation] | Can your work foster good relations? [reduce prejudice + increase tolerance] |
| --- | --- | --- | --- | --- |
| People in different age groups | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups.  | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people in different age groups.  | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| Disabled people | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people with disabilities. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| Trans and non-binary people | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes trans and non-binary people.  | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People who are pregnant or on maternity leave  | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics. | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people who are pregnant or on maternity leave.  | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People from different ethnic backgrounds | No. This work is designed to specifically address racial and ethnic discrimination and inequality. | No. This work is designed to improve outcomes for this group; to specifically address structural and institutional racism and reduce racial inequalities. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People with religious or protected beliefs | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics. | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people with religious or protected beliefs.  | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| Men and women[This may include carers, because many are women.] | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics. | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes men and woman and carers. It has been informed by work on the experiences of racialised ethnic minority women e.g. the focus on perinatal mental health and the report from Close the Gap | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People who are heterosexual, lesbian, gay or bisexual  | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics. | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people who are heterosexual, lesbian, gay or bisexual | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People who are married or in a civil partnership [only in employment situations] | No. This work specifically focuses on race and ethnicity as a protected characteristic but takes an intersectional approach and considers other characteristics. | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people who are married or in a civil partnership. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| Care experienced people | No. This work specifically focuses on race and ethnicity, but we have considered other socio-economic factors.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes care-experienced people. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People living in remote, rural and island communities | No. This work specifically focuses on race and ethnicity but we have considered other socio-economic factors.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes people living in remote, rural or island communities. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People experiencing health inequalities caused by socio-economic disadvantage  | No. This work specifically focuses on race and ethnicity but we have considered other socio-economic factors.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes and intersects with people experiencing health inequalities caused by socio-economic disadvantage. It is informed by evidence of socio-economic inequalities inexperienced by Minority Ethnic communities. The plan reflects action related to health inequalities. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| People experiencing employment inequalities caused by socio-economic disadvantage  | No. This work specifically focuses on race and ethnicity but we have considered other socio-economic factors.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes and intersects with people experiencing employment inequalities caused by socio-economic disadvantage. The employment rate for minority ethnic population is lower than the White population and the minority ethnic employment gap is higher in women. The plan reflects actions in employment. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |
| Carers  | No. This work specifically focuses on race and ethnicity but we have considered other socio-economic factors.  | No. This work specifically focuses on race and ethnicity as a protected characteristic and on actions to improve care and tackle structural and institutional racism. This will not disadvantage other people or groups. | Yes. This work actively seeks to improve equity of opportunity for people from different ethnic backgrounds, which includes carers. | Yes. This work actively seeks to improve education and understanding about racialised health inequalities and structural and institutional racism, which includes building education and understanding which can foster good relations.  |

1. [Employer-guidance-anti-racist-gender-equality-at-work.pdf](https://www.closethegap.org.uk/content/resources/Employer-guidance-anti-racist-gender-equality-at-work.pdf) [↑](#footnote-ref-2)