

The background features a series of wavy, overlapping bands in shades of teal, light green, and yellow. Scattered throughout these bands are various stylized illustrations of people. At the top, a man with a beard in a light blue shirt and brown trousers stands next to a woman in a dark green dress and yellow pants. To their right, a person in a wheelchair is shown. On the left side, a woman in a teal hijab and stethoscope stands. On the right side, a man in light blue scrubs stands. In the lower left, a man in dark blue scrubs stands next to a man in a yellow shirt. In the lower right, a woman in a grey top and dark pants stands next to a man in light blue scrubs. At the bottom, a woman with white hair sits on a teal bench, and a woman in light blue scrubs stands next to her. The overall theme is diversity and healthcare.

NHS Borders Anti-Racism Plan 2025-2027

NHS
BORDERS

Fairness, Equity and Inclusion



“ We’re practically there - this is about being comfortable that it reflects what we believe and what we’re prepared to act on. ”

- Ethnic Minority Forum

Our Vision and Guiding Principles

VISION

To be recognised as Scotland's leading healthcare organisation for fairness, equity, and inclusion - where every person feels respected, valued, and safe.

This Anti-Racism Plan sets out the first steps in a continuous journey toward eliminating racism within NHS Borders. It provides a clear framework and roadmap for embedding anti-racism across our organisation, aligning with our Clinical Strategy and wider organisational plans. Through this approach, we identify immediate priorities, define measurable outcomes, and establish enduring principles that will guide us toward creating a healthcare system where fairness, equity, and inclusion are at the heart of everything we do.

NHS Borders recognises that racism is not limited to individual acts but can be embedded within organisational systems, policies and practices. Addressing institutional and structural racism requires sustained, systemic change, not solely cultural or behavioural interventions.

NHS Borders will champion cultural diversity, challenge discrimination, and embed anti-racism into everything we do. We commit to creating an environment where every staff member, student, volunteer, patient - including every child - feels respected, valued, and safe. Our approach will actively promote fairness, equity, and inclusion across all services and decision-making processes, guided by enduring principles that keep us on the right path.



Our Guiding Principles

The delivery of this Anti-Racism Plan is underpinned by four guiding principles that shape how we design, implement and assure our actions. These principles ensure that our commitment to anti-racism is consistent, measurable and embedded across NHS Borders.

Accountable Leadership and Governance

Ensuring clear governance, ownership and reporting at all levels so that anti-racism commitments are actively monitored, challenged and delivered, rather than remaining aspirational.

Empowered Staff and Communities

Creating safe, structured and meaningful opportunities for minority ethnic staff, service users and communities to influence decisions, contribute to policy development and co-design services.

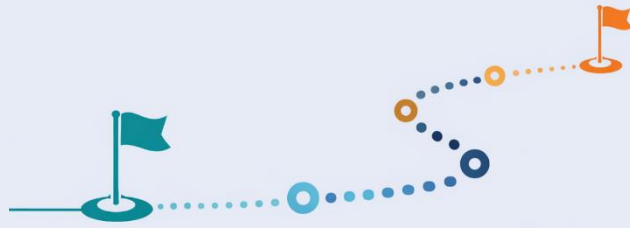
Evidence-Based

Using robust data, insight and measurable outcomes to understand disparities, track progress and drive continuous improvement in anti-racism activity.

Inclusive Culture

Embedding cultural awareness, equity and fairness across organisational culture, leadership and service delivery so that all individuals, including children and those from racialised minorities, feel respected, represented and able to participate fully.

Road to **EMPOWERMENT**



Engagement and Empowerment

A clear road map is essential to guide the implementation of the Anti-Racism Plan. It provides a structured timeline and sequence of actions, ensuring that objectives are achieved in a logical and measurable way. The road map should outline short-term, medium-term, and long-term priorities, identify responsible teams, and include milestones for monitoring progress. This approach helps maintain accountability, transparency, and momentum across all areas of engagement and empowerment.

NHS Borders operates an Ethnic Minority Forum (EMF) for staff, currently chaired by a local health professional/trade unionist and member of the NHS Scotland Ethnic Minority Forum. The EMF is a safe space where workers can discuss any challenges they may be facing and is a structured opportunity for workers from racialised minorities to engage in self/mutual help way around a variety of workplace and broader (outside the workplace) issues. Colleagues from throughout NHS Borders are invited to the forum to talk to issues or just be available to answer questions. The EMF is developing a Terms of Reference and exploring how it might hold line managers to account for improvements in anti-racism practice and culture, operating with the full support of the Board. The organisation will also actively celebrate the work and successes of the EMF and make its impact visible to the wider organisation, helping to build understanding, confidence and engagement.

The Chief Executive has implemented a programme of reverse mentoring around each protected characteristic. Each Executive has been assigned a protected characteristic to take forward. The Director of People and Culture is responsible for Race.

NHS Borders also operates an Equality, Diversity & Inclusion in Employment Group, co-chaired by the Employee Director and Director of People and Culture. The group works to an annual workplan and tackles intersectional issues involving the various protected characteristics (age, disability, gender reassignment, maternity/pregnancy, religious/spiritual belief, sex, sexual orientation). The group intends to celebrate its successes (commissioning of training interventions, roll-out of Pride Pledge & Badge, support for International Recruitment) and make its impact visible to the wider organisation.

During Winter 2024/25, NHS Borders launched a large-scale engagement exercise to hear from our staff and communities about what NHS Borders means to them, what they value about our services and where there are opportunities for improvement. The information gathered was to inform the development of the ‘future direction’ of NHS Borders and to inform our organisational strategy for the next five years; giving us an opportunity to reconnect with our staff and communities, provide a clear vision of where we are going and link this to our values. Through a combination of pop-up conversations which took place across the entire Borders region (including in supermarkets, libraries, leisure centres as well as NHS sites) and with an option to fill in an on-line questionnaire, a total of 1,347 responses were received. This data has been interpreted and analysed and is informing future strategic planning. NHS Borders has already launched its overarching Organisational Strategy¹ with key enabling strategies to be developed; Clinical, Digital, People, Estates and Financial. The aspiration is to weave anti-racism/other anti-discrimination measures throughout the suite of key organisational strategies & policies in a mainstreaming fashion².

Governance and Assurance - The work of the Anti-Racism Committee will be led by the Director of People and Culture and will be reported into the Staff Governance Committee and the Clinical Governance Committee, and there onwards to the full Board, as appropriate.

National Alignment and Assurance

This Anti-Racism Plan has been developed in line with Scottish Government and NHS Scotland Anti-Racism Plan guidance and national expectations for NHS Boards. Progress against the plan may be subject to national sharing, review or assurance activity, and learning will be shared as appropriate to support wider system improvement. NHS Borders will use established governance and reporting arrangements to provide transparency and assurance at local and national levels.



¹ [NHS Borders Organisational Strategy](#) - Page 8 - “...NHS Borders is committed to championing the creation of an inclusive culture that reaps the benefits from this diversity.”


² [NHS Borders Equality Mainstreaming Report](#)– Page 2 – see outcomes 1 & 2.

Delivery Framework

This Delivery Framework sets out how NHS Borders will translate the strategic outcomes of the Anti-Racism Plan into practical action across governance, workforce and service delivery. It brings together clear objectives, current status and supporting evidence to provide transparency, accountability and assurance. The framework reflects a phased and proportionate approach, recognising areas where progress has already been achieved, where work is ongoing, and where further development is required. Progress will be monitored through established governance arrangements, with oversight from senior leadership and the Board, and will remain responsive to learning, lived experience and emerging evidence.



Delivery Objectives		Status
1. Governance		
1.1	<p>To appoint an Executive Lead for developing and progressing the Anti-Racism Plan. Director of HR (people element) supported by Director of Public Health (clinical service element).</p>	<p> Achieved</p>
1.2	<p>To establish an Anti-Racism Committee (ARC) which represents key stakeholders inside NHS Borders and is inclusive of workers from minority ethnic backgrounds. Contributors identified and 2025/2026 dates being organised. Terms of Reference still to be agreed. Further participation/engagement sought from clinical staff. Input also to be sought from independent contractor community (General Practice, GDPs, Community Optometry and Pharmacies).</p>	<p> Achieved</p>
1.3	<p>NHS Borders Anti-Racism Plan 2025-2026 to be presented to early 2026 Board for formal approval. Draft Anti-Racism Plan to be reviewed/endorsed by Staff Governance Committee, Executive Team and delivery Group before agenda item at February 2026 Board.</p>	<p>In Progress</p>
1.4	<p>Delivery of the Anti-Racism Plan will be prioritised by embedding agreed actions into existing team objectives, workplans and performance reporting, using established governance arrangement. Enabled and supported by HR, Public Health, Planning & Performance, and Quality Improvement services.</p>	<p>In Progress</p>

Delivery Objectives		Status
2. Workforce - to make NHS Borders an equitable place to work for ethnically and culturally diverse members of staff.		
2.1	<p>To continue to attract and retain talent from around the world and make all individuals feel part of a Team Borders approach.</p> <p>NHS Borders has recruited 100+ new International Recruits from India, the Middle East, Myanmar, rest of Europe and Africa over the last 3 years and word of mouth/tell a friend has been a substantial component of that success. The availability of short-term social housing for key public sector workers and the cost of purchase/rental market can make Scottish Borders an attractive proposition for people moving to the UK or moving from higher costs parts of the UK such as the South-East of England. NHS Borders also works hard to assimilate new workers into the workforce and region with a comprehensive induction/onboarding program. The onboarding process is under ongoing review and development and has included advice and practical support in setting up UK bank accounts, joining GPs/GDPs, social events and supported travel/subsistence to Objective Structured Clinical Examination (OSCE) events. This has all been facilitated by contributions from Training & Professional Development, HR/OD and Facilities. Earlier this year (May 2025) NHS Borders was awarded the prestigious NHS Scotland Pastoral Care Quality Award in recognition of our hard work on international recruitment and our commitment to supporting our international staff.</p>	 Achieved
2.2	<p>To create and maintain the culture where other NHS Borders staff are culturally aware, accommodating and respect the diversity of personnel around them.</p> <p>A combination of positive staff communications (stories/achievements) and ongoing engagement/open discussion with NHS Borders' Compassionate Leadership Program, with its Equality & Diversity module. Ongoing consideration of additional equity and cultural awareness (non-bias) training including in Recruitment.</p>	In Progress

Delivery Objectives		Status
2. Workforce - to make NHS Borders an equitable place to work for ethnically and culturally diverse members of staff.		
2.3	<p>To continually gather and evaluate key workforce datasets regarding race & ethnicity data to make sure that NHS Borders' workforce reflects the communities it serves and acts as a fair & exemplary employer, standing ready to effect any remedial action if there is quantitative/qualitative evidence of staff from racialised minorities being treated in a less favourable manner. Included in this objective is compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.</p> <p>Please see Appendices 1 and 2. Scottish Borders total population (including children) is 1.9% Non-White. NHS Borders workforce is 6% Non-White. NHS Borders is a significant employer of staff from racialised minorities. Through commitment to the NHS Borders Equality Mainstreaming Plan, the Equality, Diversity and Inclusion in Employment Workplan and ongoing development of the People Dashboard/Metrics, these matters attract ongoing analysis and attention. Work to reduce "Prefer not to say" through staff engagement.</p>	In Progress
2.4	<p>To publicise developmental/career progression opportunities effectively for all staff and to engage in positive action, where appropriate, to make sure that staff from racialised minorities feel no less favourable treatment in gaining skills and pursuing promoted opportunities.</p> <p>Through work known as Social Compact, NHS Borders is embarking upon a program of reminding the workforce about Staff Benefits, the HR Policy Framework, Training & Development opportunities and opportunities for Networking. There will be particular bespoke engagement with NHS Borders' Staff Networks including the Ethnic Minority Forum.</p>	In Progress
2.5	<p>To run reverse mentoring from Board/Executive Team level and into the wider workforce, including around race.</p> <p>Reverse mentoring for race is where employees from diverse racial or ethnic backgrounds mentor more senior employees, particularly those in leadership positions who may/may not be from a racialised minority themselves. This approach helps senior leaders gain a deeper understanding of the experiences and perspectives of their colleagues from different racial and ethnic groups, fostering greater awareness of potential barriers and promoting a more inclusive workplace. The senior leader can also impart knowledge and wisdom in the other direction.</p>	In Development

Delivery Objectives		Status
3. Service Delivery - to eliminate unacceptable racial disparity for minority ethnic communities and improve trust & confidence in our services.		
3.1	<p>To improve the reporting & recording of race/ethnicity of Service Users/Patients, incorporating a campaign to help staff understand the significance of such recording and to track progress in this area.</p> <p>NHS Borders has been progressing its new Clinical Strategy over the last six months and this will be supported by associated enabling strategies such as Digital, Estates and People. Better data entry around service user ethnicity is a recognised area in need of investment of time & energy within Health Records.</p>	In Development
3.2	<p>To actively & respectfully involve minority ethnic people in identifying immediate challenges and priorities for Service Improvement with specific regard to:</p> <ul style="list-style-type: none"> • Type 2 Diabetes • Cardiovascular Disease • Perinatal Care • Mental Health <p>To complete thorough Equality Impact Assessments in these clinical areas by Summer 2026 in order to inform any necessary changes to or development/delivery of services. This is a work area associated with Public Engagement, Public Health and the Integrated Joint Board. NHS Borders may also wish to look at the area of Pain Management.</p>	In Development
3.3	<p>Ensure that children and young people from racialised minorities experience equitable access to healthcare and have their rights upheld in line with the UNCRC Act 2024.</p> <p>Embed children's rights and non-discrimination into all service planning and redesign by explicitly assessing the impacts on children and young people from racialised minorities through Equality Impact Assessments. Ensure that the voices of children and young people are heard and considered in decisions affecting their care, in accordance with Articles 2 and 12 of the UNCRC.</p>	In Development

Delivery Objectives		Status
4. Communication and Engagement – to ensure our imagery and language is reflective of the people we serve and to involve minority ethnic communities living in the Scottish Borders in the development of services.		
4.1	<p>NHS Borders is undergoing significant transformation and has been engaged in a large-scale public consultation exercise over the last nine months. Care & attention will be paid to ensuring that imagery and language is reflective of the people served.</p> <p>NHS Borders has been progressing its new Clinical Strategy over the last six months and this will be supported by associated enabling strategies such as Digital, Estates and People.</p>	In Progress
4.2	<p>NHS Borders will provide a named route for raising racism-related concerns (staff and service users).</p> <p>Commitment to tag racism related complaints, review themes and actions via ARC; and provide feedback on learning and change.</p>	In Development
5. Working in Partnership – to work collaboratively with other public & third sector providers locally and nationally, to improve working lives and improve the services we deliver.		
5.1	<p>Primarily through the Health & Social Care Partnership, NHS Borders will continue to engage with the Integrated Joint Board / Scottish Borders Council and Third Sector/other counterparts to eliminate unlawful discrimination, harassment, victimisation and any other unlawful conduct, to advance equality of opportunity between people and to foster good relations between people.</p> <p>NHS Borders will engage with all of its partners to fulfil both the general and specific duties of the Equality Act 2010.</p>	In Progress

Key Performance Indicators (KPIs) from Delivery Outcomes		
i.	HR	To analyse the demographic breakdown of the NHS Borders workforce through a race/ethnicity lens and observe and report on any changes/fluctuations to both the Anti-Racism Committee and Staff Governance Committee. This will look at success levels at recruitment, career progression, access to training opportunities and also involvement in HR Policy matters (including use of Discipline, Grievance and Bullying & Harassment policies).
ii.	HR / Communications	To survey/hold focus groups with workers from racialised minorities (including recent International Recruits) to test for levels of job satisfaction and fulfilment and to identify any workplace difficulties. This will also include analysis of iMatter data by ethnicity and where any matters of concern are identified, plan and make efforts to improve the situation.
iii.	HR / OD / Public Health	To consider the need for further staff training (perhaps with a focus on line managers in the first instance) with an aim to increase understanding of the particular challenges which are faced by minority ethnic staff and service users, and to enhance understanding & empathy. This may include Unconscious Bias and Active Bystander training and may include collaboration with neighbouring Health Boards. Numbers of attendees will be recorded, by work area. All cultural competency and anti-racism training will include modules on UNCRC Act 2024 obligations, focusing on listening to children, respecting cultural identity, and trauma-informed care for minority ethnic families.
iv.	Training & Professional Development / HR / Corporate Departments	To take positive action to bring training & development opportunities to the attention of minority ethnic staff by use of a targeted distribution list and point of contacts to describe the courses and advise how best to access them. Numbers of e-mails / posters issued will be recorded, as will uptake of training by ethnic minority staff.
v.	OD	To establish a pathway/vehicle for reverse mentoring between members of the Executive Team & minority ethnic staff and record this.

Key Performance Indicators (KPIs) from Delivery Outcomes

vi.	Planning & Performance / Digital / Communications	To improve the reporting & recording of race/ethnicity of Service Users/Patients, incorporating a campaign to help staff understand the significance of such recording and to track progress in this area. NHS Borders to agree a target for capturing race/ethnicity data of service users and set a trajectory for improvement.
vii.	Public Health / Planning & Performance	To actively & respectfully involve minority ethnic people in identifying immediate challenges and priorities for Service Improvement. This will include under Article 12 of the United Nations Convention on the Rights of the Child the fact that every child has the right to be heard in matters affecting them. This links to development of the new Clinical Strategy.
viii.	Occupational Health / Coaching Network / Ethnic Minority Forum	To be available to sensitively support all staff who may have suffered past experiences of trauma including those who may have come to Scotland from countries experiencing war and conflict. Also, to be available to support minority ethnic staff who may be engaged in HR Policy matters such as Discipline, Grievance and Bullying & Harassment and to use expert advisers from within NHS Borders ethnic minority communities to engage with/on panels and investigations.
ix.	Public Health / HR / Trade Unions	To ensure that Equality and Human Rights Impact Assessments are performed for any service changes affecting staff and service users, taking into account any significant needs of those from racialised minorities including children from racialised minorities.
x.	Public Health / Planning & Performance	To review & record levels of translating and interpreting inside NHS Borders and improve staff understanding of how to access this facility. Ensure all public-facing materials and internal communications reflect diverse backgrounds. Develop child-friendly resources explaining their rights and how they can give feedback on services.

Glossary

Racism is a complex issue that intersects with other characteristics such as age, disability, and socio-economic status. While the Oxford Dictionary defines racism as *'Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior.'*, this is a simplified explanation. Concepts such as discrimination and racial superiority are not always straightforward, and views on these concepts evolve over time with changing social contexts and new ways of thinking.³

The definitions in this section are provided to help establish a shared understanding as we work collectively to strengthen equity, inclusion, diversity and anti-racism across NHS Borders. They align with the Equality Act 2010 and the Public Sector Equality Duty, and are intended to support consistent language, learning and reflection. This is not a comprehensive glossary, but a practical guide to help build a shared understanding as we progress this work together.

Anti-Racism: is the active practice that uses everyday behaviours and shared responsibility to challenge racism. It requires accountability, listening to lived experience and taking action to promote fairness, equity and inclusion.

Bias: is patterns in thinking that can influence decisions and behaviour, often without awareness. Bias can influence decisions and behaviours in ways that create inequality.

Cultural Compassion: as set out in the NHS Borders Compassionate Leadership approach, is a stance towards understanding culture that recognises diversity, difference and lived experience. It requires a commitment to lifelong learning, ongoing self-reflection on one's own assumptions and practices, and a willingness to be comfortable with "not knowing". Cultural compassion also involves recognising and responding to the health inequalities that exist between patients, communities and staff, and approaching interactions with openness, humility and empathy.

Cultural Safety: Cultural safety refers to an environment in which individuals feel respected, valued and safe from discrimination, bias or harm related to their identity, culture or background. It requires organisations and individuals to recognise power imbalances, challenge behaviours and systems that cause harm, and take responsibility for creating conditions where people can speak up, participate fully and receive care or work without fear of prejudice or exclusion. Cultural safety is defined by the experience of those receiving care or working within the organisation, rather than by the intentions of those providing it.

³ [Racism in Scotland — CRER](#) - Coalition for Racial Equality and Rights Coalition for Racial Equality and Rights works to eliminate racial discrimination and harassment and to promote racial justice across Scotland.

Discrimination: Discrimination refers to an act, communication or decision that results in the unfair treatment of an individual or group. This may involve imposing a burden on someone, or denying them a right, privilege, benefit or opportunity enjoyed by others. Discrimination can be direct and intentional, or indirect and unintentional, where rules, practices or procedures appear neutral but result in disadvantage for certain groups. Discrimination is best identified by those who experience it, recognising that there can be a difference between intent and impact.

Diversity: Diversity refers to the inclusion and involvement of people from a wide range of backgrounds, identities and lived experiences. Diverse groups bring different perspectives and ways of thinking, which can lead to more informed decisions and better outcomes. However, these benefits are only realised when individuals feel able to be themselves and do not feel pressure to suppress aspects of their identity. Diversity is therefore about valuing, respecting and encouraging a broad range of experiences, viewpoints and perspectives.

Equality: Equality refers to the practice of ensuring that individuals are treated the same and are not disadvantaged on the basis of protected or personal characteristics. Equality focuses on providing the same opportunities and standards of treatment for all, without necessarily accounting for differing needs, circumstances or barriers.

Equity: Equity is concerned with fairness and justice in both processes and outcomes. Unlike equality, equity recognises that treating people the same does not always result in fair outcomes. Achieving equity often requires different approaches, targeted support and the redistribution of resources to address barriers and create a level playing field, enabling all individuals and communities to thrive.

Health Disparities: Health disparities are differences in access to healthcare, experiences of care or health outcomes that are systematic, patterned and preventable. These differences are often linked to social, economic and structural factors, including discrimination and inequality, and disproportionately affect certain population groups.

Health Equity: Health equity focuses on the health system's ability to provide fair and appropriate care so that everyone has the opportunity to achieve their full health potential. It recognises that different people and communities have different needs and barriers, and that equitable care may require tailored approaches to ensure high-quality outcomes, regardless of where people live, what they have or who they are.

Hierarchical Discrimination: (in employment) refers to a pattern in which different racial, ethnic, or social groups experience unequal treatment and unequal access to opportunities at varying levels of severity, creating a tiered structure of workplace disadvantage, where some groups face multiple and compounding barriers (such as in recruitment, promotion, pay, training access, performance management, and workplace culture), while others experience

only moderate disadvantage, and some encounter minimal or no barriers at all or may even benefit from favourable assumptions or established networks.

Inclusion: Inclusion is the active practice of recognising, welcoming and making space for diversity. An inclusive organisation values and enables the full participation of people from all backgrounds, ensuring that differences in identity, experience, thought, skills and talent are respected and contribute meaningfully to decision-making, culture and outcomes.

Intra-ethnic discrimination: Refers to discrimination within or between ethnic minority groups, including tensions based on culture, nationality, language, caste, colourism, etc.

Microaggression: Refers to everyday words or actions that can reinforce exclusion or inequality, often unintentionally. There are three types:

- *Microassault* – “That accent might be confusing for patients. Are you sure this is the right area for you?”
- *Microinsult* – “You’re surprisingly confident for someone new to the system.”
- *Microinvalidation* – “I don’t see colour, professionalism is all that matters here.”

Racism: is behaviours, practices, and systems that create or maintain unequal outcomes based on race.

Trauma-Informed Care: Trauma-informed care is an approach to healthcare that recognises the possibility that individuals may have experienced trauma, such as abuse, neglect, discrimination or violence. It prioritises physical and psychological safety, choice, control and empowerment, and seeks to avoid re-traumatisation by understanding how past experiences may affect people’s interactions with services, staff and systems.

“ Very few people could be fairly described as ‘racists’, but anyone can behave or think in a racist or xenophobic way. To stop racism, we need to **become** anti-racist as a society. This means **changing the way we think and act and being prepared to challenge** others to do the same.

- *Racism in Scotland (CRER)*

Moving Forward

Racism causes harm to individuals and communities and undermines trust in organisations and public services. It can make staff feel unsafe, limit wellbeing and belonging, and deter people from seeking the care and support they need. Racism also affects the culture, effectiveness and reputation of our workplaces and services.

Being anti-racist means going beyond simply rejecting racism in principle. It requires active commitment, ongoing learning and the willingness to challenge behaviours, practices and systems that cause harm, even when they do not directly affect us. Through this Anti-Racism Plan, NHS Borders commits to embedding anti-racist practice across leadership, workforce and service delivery, listening to lived experience, and holding ourselves accountable for meaningful and sustained change.

“

This has to be a *working document* — one that evolves as we listen, learn and respond.

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2026



Appendix 1: Scotland's Census 2022, Scottish Borders Council Area, Whole Population

Ethnic Group	Count	Percentage
All People	116,821	100.0%
White: Total	114,602	98.1005128%
Mixed or Multiple Ethnic Group	843	0.7216168%
Asian, Asian Scottish or Asian British: Total	802	0.6865204%
African: Total	167	0.1429537%
Caribbean or Black: Total	82	0.0701929%
Other Ethnic Groups: Total	329	0.2816274%