BSW HOSPITALS GROUP

NHS



Anti-racism Briefing

Thursday 2 July 2026

NHS
Great Western Hospitals
NHS Foundation Trust

NHS
Royal United Hospitals Bath
NHS Foundation Trust

NHS
Salisbury
NHS Foundation Trust

Defining Race & Racism

What is Race?

- Race refers to your colour, nationality (including your citizenship), or ethnicity or national origins (Equality Act 2010).
- Recognised ethnic groups include Jewish people, Irish Travellers, Romany Gypsies – English, Irish, Scottish, Welsh people are ethnic groups within UK

What is Racism?

- Racism involves being treated unfairly/discriminated against due to skin colour, nationality, ethnic origin, language, etc or a combination of attributes
- Includes direct and indirect discrimination, harassment and victimisation

Who is protected by race discrimination law?

- Employers and staff; Contractors; Job applicants; and Former employees
- Patients and service users and the wider society

Lord Mann Review

The review (4.6.26) examined how the NHS identifies, reports on and responds to racism

Recommendations

- Strengthen leadership and accountability
- Improve understanding and capability through training and development
- Set clear expectations regarding political identifiers and inclusive practice
- Improve and standardise support and protection for staff who experience racism
- Improve the consistency, quality and application of data relating to racism

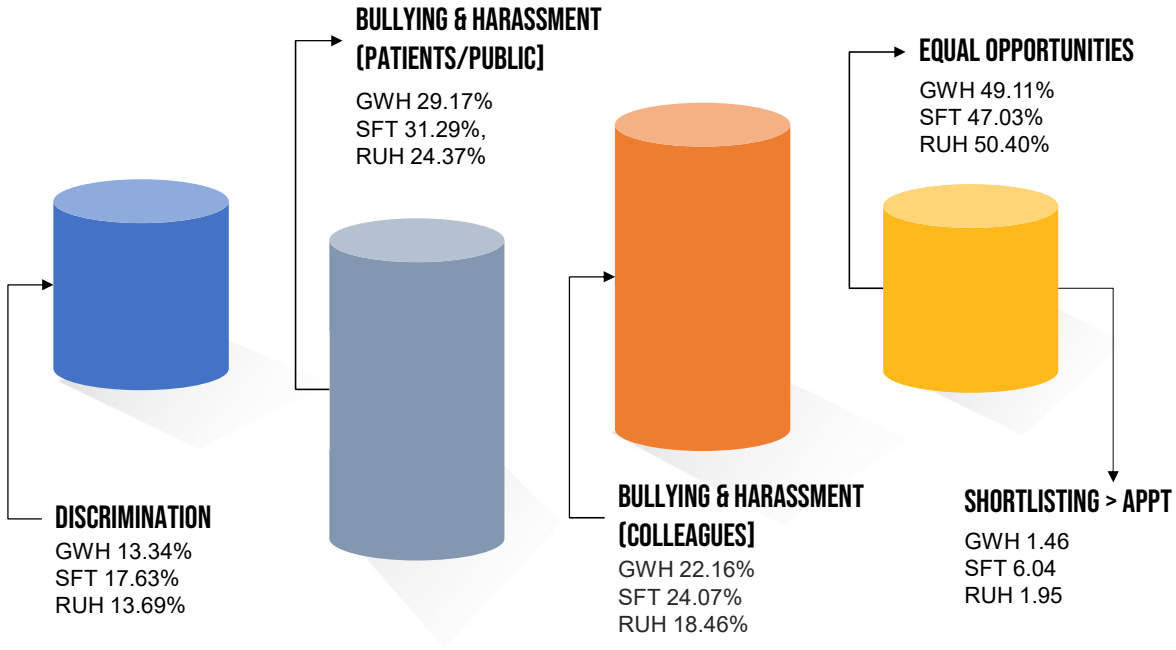
Lord Mann review on antisemitism and other forms of racism in the NHS - GOV.UK

NHSE call for immediate actions:

- Sign up to the Seven Anti-racist principles; government definition of antimuslim hostility and International Holocaust Remembrance Alliance (IHRA) definition of antisemitism
- Set clear standards for staff and strengthen accountability, including weaving into appraisals
- Violence Prevention & Reduction Standard implementation including data capture
- Staff, patients and communities made aware of actions through internal and external comms and appropriately engaged with
- Ensure Board and relevant committees fully understand staff survey data and are taking appropriate action on key problem areas and monitoring progress
- Complete survey by 31 July (adoption of the antisemitism definition)
- Future plans – national uniform guidance (politicised badges and symbols) and launch of eLearning for staff and tailored eLearning for PALS, NHS Staff Standards; Mandatory EDI training will be updated to antisemitism and Islamophobia (NHS Core Skills Framework on EDI and Human Rights); Board anti-racism training

Driving Factors

- **Workforce Race Equality Standard** – Discrimination, Bullying and Harassment, Equal Opportunities (progression & promotion), Shortlisting to appointment are longstanding inequalities
- **Voice of our staff** – Let's Talk Inclusion initial results/ 60 responses (Equal Opportunities 27%, Bullying & Harassment from Staff 26% and patients 15%, Discrimination 27%)
- **Human Cost –** number of staff seeking support via HR/FTSU/EDI/OD/OH; racial tension across the country continues (year 3)



WRES 2025

Adopting an Anti-racist approach

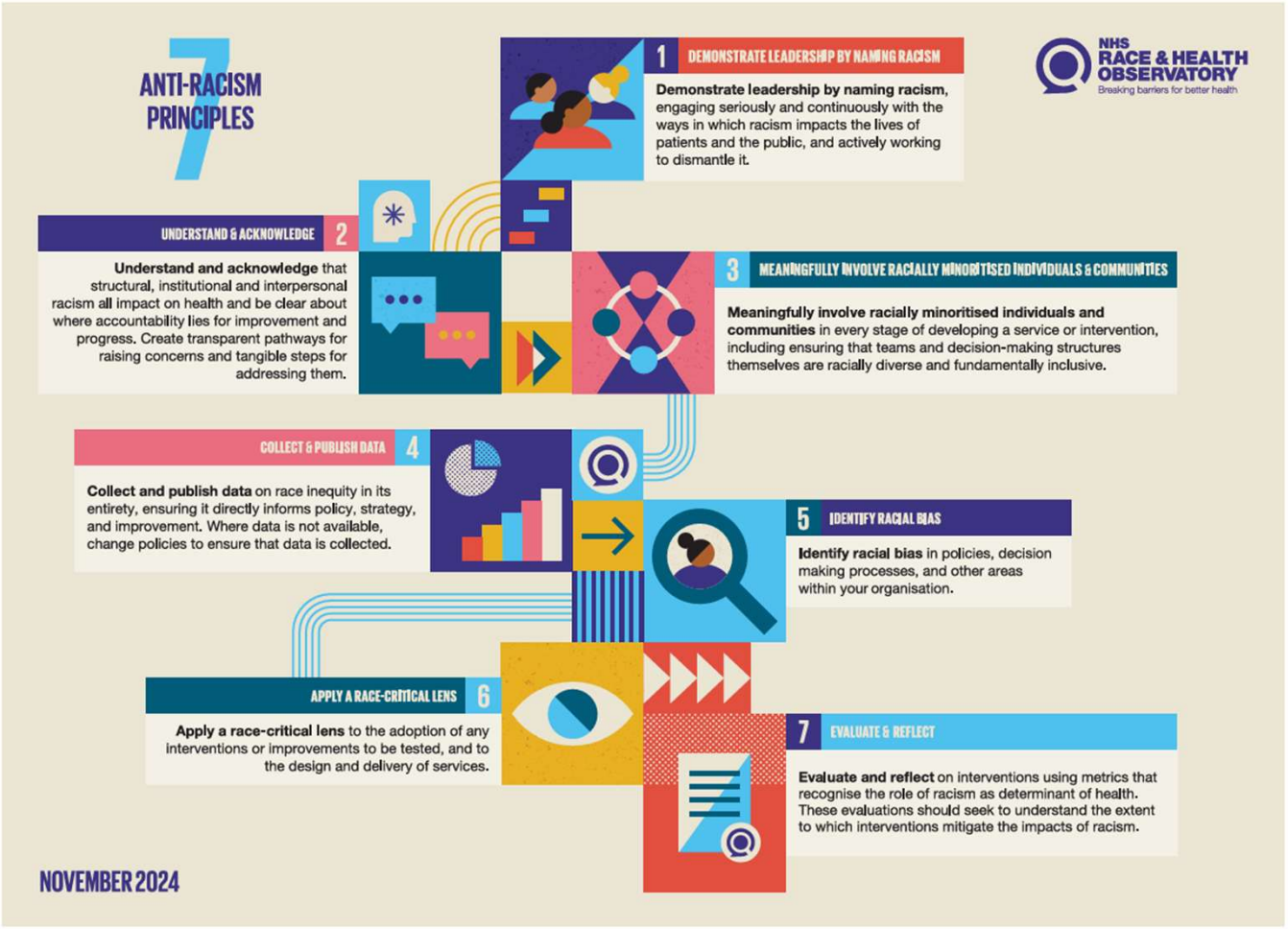
Taking an anti-racist stance is:

- A paradigm shift from being **'not racist'** to becoming **'anti-racist'**
- A call to strengthen our efforts to improve race equity by **dismantling barriers and tackling structural harm** in every layer of the organisation – focus on systemic outcomes
- With **shared accountability**, cascaded from the Board, through to Executive Leadership and Management at every level
- A **new lens** applied to existing commitments – to build on and reinforce, not replace race equality practice (WRES*, NHS England High Impact Actions*, EDS2022, Ethnicity Pay Gap – *see appendix)
- In some workstreams this might mean we are simply building on the work we have started, refining or highlighting what is already in place.

Anti-racist Principles

NHS Race & Health Observatory 7 anti-racism principles:

1. Demonstrate leadership by naming racism
2. Understand and acknowledge impact
3. Meaningfully involve racially minoritised individuals and communities
4. Collect and publish data
5. Identify racial bias
6. Apply a race-critical lens
7. Evaluate and reflect



Government Definition of Anti-Muslim hostility

A Definition of Anti-Muslim Hostility - GOV.UK

Anti-Muslim hostility is intentionally engaging in, assisting or encouraging criminal acts – including acts of violence, vandalism, harassment, or intimidation, whether physical, verbal, written or electronically communicated – that are directed at Muslims because of their religion or at those who are perceived to be Muslim, including where that perception is based on assumptions about ethnicity, race or appearance.

It is also the prejudicial stereotyping of Muslims, or people perceived to be Muslim including because of their ethnic or racial backgrounds or their appearance, and treating them as a collective group defined by fixed and negative characteristics, with the intention of encouraging hatred against them, irrespective of their actual opinions, beliefs or actions as individuals.

It is engaging in unlawful discrimination where the relevant conduct – including the creation or use of practices and biases within institutions – is intended to disadvantage Muslims in public and economic life.

IHRA Definition of Antisemitism

NHS England » Request for action on racism including antisemitism

What is antisemitism? | IHRA working definition

Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities.

International Holocaust Remembrance Alliance (IHRA) provide contemporary examples of antisemitism in public life – a selection noted below:

- "Calling for, aiding, or justifying the killing or harming of Jews in the name of a radical ideology or an extremist view of religion.
- Making mendacious, dehumanizing, demonizing, or stereotypical allegations about Jews as such or the power of Jews as collective — such as, especially but not exclusively, the myth about a world Jewish conspiracy or of Jews controlling the media, economy, government or other societal institutions.
- Accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews.
- Accusing the Jews as a people, or Israel as a state, of inventing or exaggerating the Holocaust.(NHSE strongly encourage adoption).
- Using the symbols and images associated with classic antisemitism (e.g., claims of Jews killing Jesus or blood libel) to characterize Israel or Israelis.
- Denying the Jewish people their right to self-determination, e.g., by claiming that the existence of a State of Israel is a racist endeavour.
- Drawing comparisons of contemporary Israeli policy to that of the Nazis.

However, criticism of Israel similar to that levelled against any other country cannot be regarded as antisemitic."

BSW Hospitals Group Approach

Power of Group:

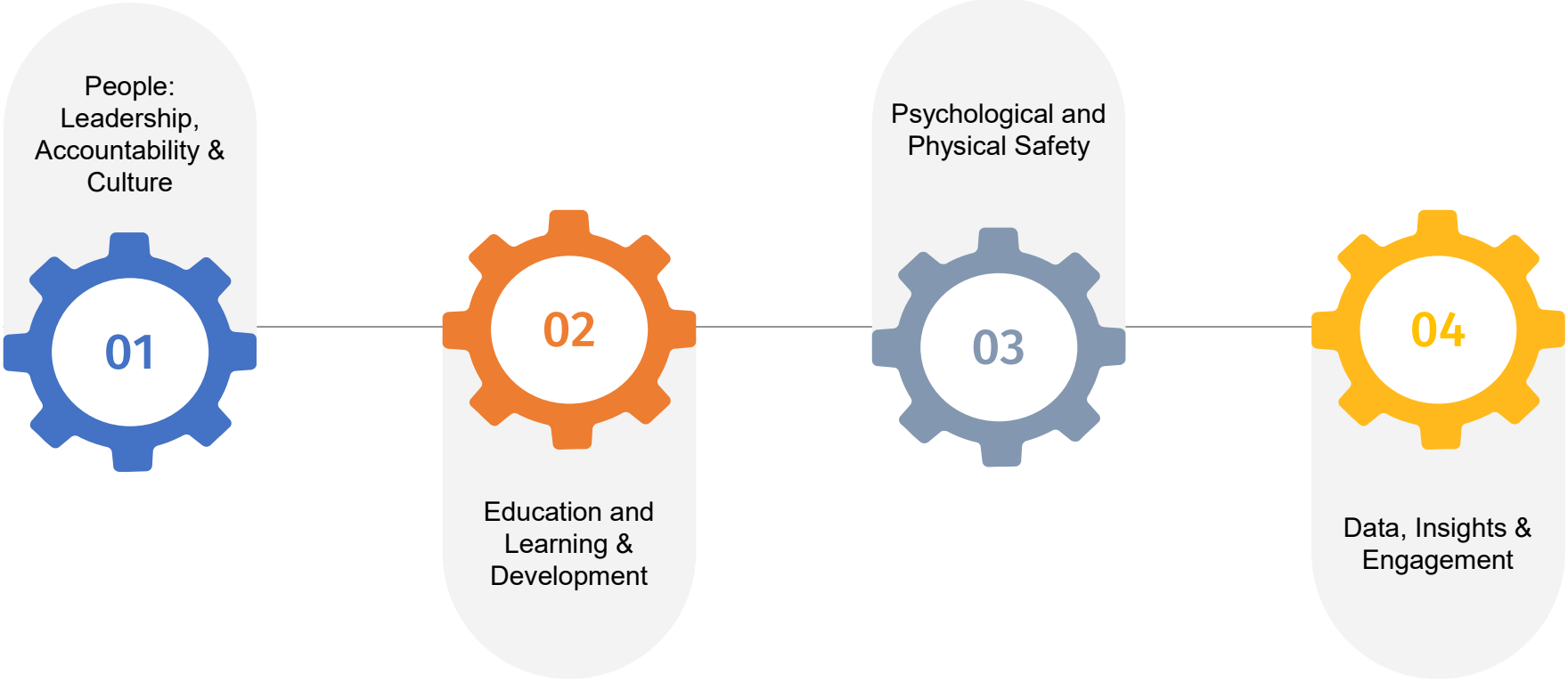
- Leveraged resources – pooling multiprofessional expertise and reducing duplication of effort
- Unified data insights – aggregating data to spot systemic trends invisible at local level
- Standardised protection – a unified approach and policy across all sites
- Consistent culture – patients and staff experience the same anti-racist standard regardless of care setting

Driven by a multiprofessional engine:

- Shared ownership
- Shared accountability
- Shared learning and growth



Workstreams



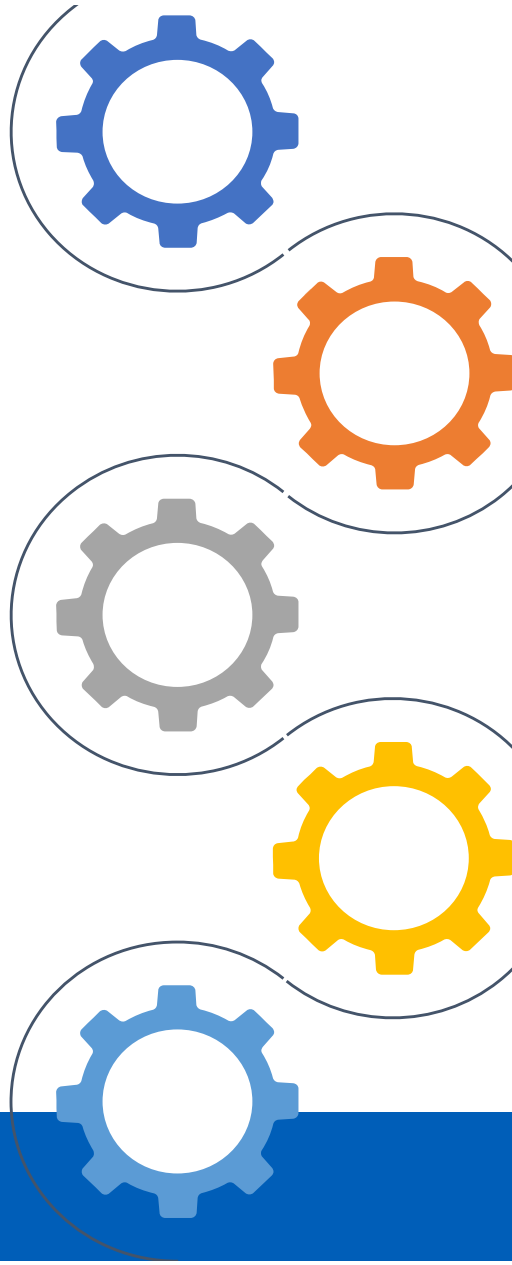
Workstreams

	Workstream	Examples of Focus Areas	Teams	Target Outcome
01	People: Leadership, Accountability & Culture	• Board approval including anti-racism statement/ assurance through Oversight framework • Leading the Culture shift work • Policy review or implementation • Accountability mechanisms e.g. appraisals • Embedding in Just Learning Culture workstream • Employee value proposition/ recruitment and selection	• Board • People Professionals (HR, Recruitment etc)	• Clear, standard definition for identifying and addressing racism • Clear boundaries and consequences for unacceptable behaviours • Addressing the impact of systemic racism on patient care • Status as an Employer of Choice • Capitalise on links to national drivers - WRES, GPG, EPG, HIA, EDS (incl. patients)
02	Education and Learning & Development	• Effective Bystander, Bias etc training • Roll out of national eLearning when available	• LD, EDI	• Promoting inclusion and educating the workforce
03	Psychological and Physical Safety	• Explicit processes for addressing racism alongside standard disciplinary policies • Trauma-informed support • Safe speaking up channels • Adaptations - Violence, Prevention & Reduction Standard	• OH, FTSU, Chaplaincy, Safeguarding, HR, Violence Prevention	• Enhanced protection and a safer environment for staff and patients • Equitable access to health, wellbeing and pastoral care
04	Data, Insights & Engagement	• Data gathering data and analysis • Understanding lived experience (staff, patients, communities) e.g. Swartz-like rounds; listening events • Centring marginalised voices and co-creating the future • Raising awareness and influencing behavioural change	• WIT, BI, Datix, EDI, Health Inequalities, • Patient Engagement, • Comms, OH	• Organisation-wide and patient awareness and cultural reinforcement • Solutions are grounded in lived experience
Evidence-based practice		• Follow the data – disaggregated where possible • Demonstrating impact of initiatives • Set meaningful KPIs and SMART goals • Comply with or support timely annual reporting requirements	• ALL	• Solutions are evidence-based and impact is demonstrable

Teams will determine actions based on the outcomes of their review and capacity and set realistic targets, including long-term goals

Next Steps

- **Formalise commitments**: Secure Board agreement to sign up to the Race & Health Observatory Principles and IHRA Antisemitism definition by Thursday 2 July
- **Nominate Representatives**: Confirm your team/profession group representative (or deputy) who will join the project working group by Friday 10 July
- **Benchmarking**: Review data, policy and practice – identify where we are aligned with the Lord Mann recommendations already or what actions are underway/planned/required and timescales; identify work underway/planned/required that supports WRES metrics/High Impact Actions (and provide feedback) by Friday 31 July
- **Project Planning**: EDI team will create a Project Plan in SharePoint/MS Teams (all team/professional group representatives will be able to add their actions and updates here) by Friday 14 August
- **Project group launch**: Inaugural meeting late August – use the time before this meeting as an opportunity to allocate roles and responsibilities, populate your section of the action plan, each representative can share an update
- **Training**: Proposed antiracism training for the professional groups involved in this work and their teams
- **Research & Innovation**: University of Surrey? Other opportunities?



Project Group Member Commitment

Responsibility

Act as liaison between the project group and your team/professional group (e.g. HR, OD, FTSU, Chaplaincy, Comms etc)

Accountability

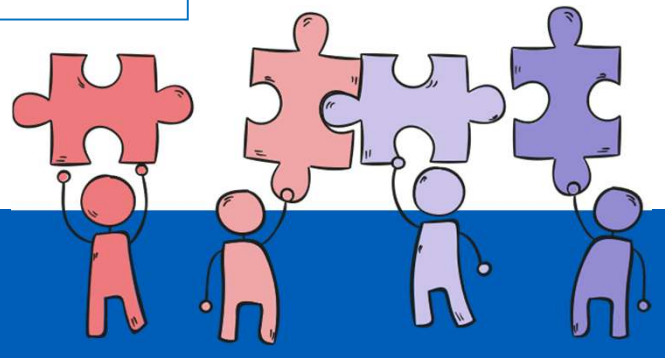
Own the progression of actions within your functional pillar and provide regular (data-backed where possible) updates – centralised plan will be created

Attendance

Commit to attending all relevant project meetings, arranging a deputy from GWH, RUH or SFT if unavailable to ensure unbroken representation

Advocacy

Champion the shift towards antiracism; act as a visible ambassador and challenge exclusionary behaviour locally and promote this approach



Questions/Reflections

