

Greater Manchester Integrated Care Partnership Board

Date: 12th December 2025

Subject: System-Wide Action on Racism and Hate: Supporting Staff and Communities

Report of: Evelyn Asante-Mensah - Independent Chair, Black, Asian, and Minority Ethnic Assembly, NHS England North West Region
Claudette Elliot – Chair, Pennine Care Foundation Trust
Majid Hussain - Director of Equality and Inclusion, NHS GM

PURPOSE OF REPORT:

This report reaffirms and strengthens our commitment to a zero-tolerance stance on racism and hate in response to escalating abuse targeting staff across Greater Manchester.

While this is not isolated to health and care, education, housing, transport, and other public services face similar challenges, the health and care sector is uniquely exposed. The nature of health and care roles, particularly in mental health, urgent care, primary care, and home visits, places staff in settings where they are especially vulnerable.

Staff and frontline workers report hate incidents, abuse, and harassment in clinical environments, during commutes, and in patients' homes, alongside hate mail and intimidation through national symbols, creating fear and hostile environments that compromise safety, wellbeing, and trust.

Some colleagues describe racism, antisemitism, and Islamophobia as an "unavoidable hazard of life" because of their identity - a normalisation that is unacceptable. This climate of fear not only harms staff but deters patients from marginalised communities from accessing health, care and other services.

This paper seeks ICP support for next steps to strengthen system-wide action.

CALL TO ACTION:

The Greater Manchester Integrated Care Partnership Board is recommended to:

- Adopt an explicit and unapologetic Anti-Racist stance as the foundation for system-wide leadership action and accountability.
- Work with the Integrated Care Board to adopt anti-racist principles into governance, strategic commissioning, and procurement, using spending power to drive systemic change and make race equity a core business requirement.
- Ensure the voice of lived experience shapes policy and practice in decision making.
- Commit to progressing racial diversity in leadership roles to address under-representation and ensure decision-making reflects the diversity of our communities.
- Mandate anti-racism, racial literacy and inclusive practice development for all staff and leaders, supported by a public-facing campaign to amplify our commitment.
- Support the progression of next steps as outlined in section 4 of this paper.

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1. INTRODUCTION

- 1.1. Across Greater Manchester, NHS staff and colleagues in health and care are reporting an increasing incidence of racist and discriminatory behaviour, including verbal abuse, physical violence, and microaggressions. These behaviours have been observed in hospitals, primary care, social care¹ and community services, and they disproportionately affect staff from Black, Asian, and Minority Ethnic backgrounds. This increase is reflected nationally in recent reports through bodies such as the Royal College of Nursing. The union has recently reported an increase of 55% in reported complaints about racism at work², though the true increase is understood to be much higher as most racial abuse and discrimination goes unreported.
- 1.2. This trend is deeply concerning. Our health and care workforce already faces significant physical and emotional pressures. Racism and discrimination undermine staff safety, dignity, and wellbeing, and ultimately impact the quality of care delivered to patients. Racial discrimination in any form is unacceptable. No one should feel unsafe at work or believe that abuse is “part of the job”.

2. BACKGROUND AND ENGAGEMENT SO FAR

- 2.1. The severity of this rising trend was highlighted during a recent meeting between the Mayor of Greater Manchester, Evelyn Asante-Mensah - Independent Chair, Black, Asian, Minority Ethnic Assembly for NHS England North West Region, and Claudette Elliot - Chair of Pennine Care Foundation Trust. In the discussion, colleagues expressed deep concern about reports of rising racist abuse against NHS staff, and acknowledged that this issue is likely widespread across the region.

¹ [Racism against social workers has increased significantly, say practitioners - Community Care](#)

² [Ethnic minority nursing staff report shocking racist abuse at work, as calls to RCN advice line surge by 55% | Royal College of Nursing](#)

2.2. In response, the Mayor has urged the health and care system to take a clear, public stance:

- Racism and discrimination in any form will not be tolerated this is a zero-tolerance commitment, backed by visible action and accountability.
- Staff deserve to feel safe, respected, and valued at work, with robust systems to prevent incidents and address them swiftly when they occur.
- Greater Manchester must lead by example embedding anti-racist principles into culture, practice, and governance, and working collaboratively with partners to tackle hate and strengthen community cohesion.
- Increase workforce representation, particularly in leadership roles, to address under-representation and ensure decision-making reflects the diversity of our communities.
- Embed anti-racism into commissioning and contracting; using our spending power to set clear expectations, hold suppliers accountable, and drive measurable change across the system.

2.3. This meeting set the tone for a system-wide response, bringing together NHS trusts, primary care, social care, local authorities, and community partners to develop coordinated action and messaging to ensure that staff feel supported.

2.4. A meeting was then convened by Evelyn Asante-Mensah - Independent Chair, Black, Asian, Minority Ethnic Assembly for NHS England North West Region, and Claudette Elliot - Chair of Pennine Care Foundation Trust on 14th November to explore a coordinated response across the Greater Manchester Health, Care and public service system. The meeting brought together senior leaders from the ICB, NHS trusts, primary care, social care, the GMCA and local authorities to:

- Share first-hand accounts of racism and discrimination experienced by staff
- Review existing campaigns and interventions already underway in individual organisations.
- Explore opportunities for a unified Greater Manchester stance against racism and discrimination.

- Discuss principles for a public-facing campaign and internal leadership actions.

2.5. Key reflections from the group included observation that racism and abuse are creating fear and anxiety among staff, often impacting their ability to deliver care, and that perpetrators appear emboldened by a lack of visible consequences, further deepening the importance of delivering a strong public message.

2.6. The group reflected on the clear need for consistent messaging, staff support, and leadership accountability across the system. The importance of co-designing solutions with racially diverse staff and equality panels to ensure lived experience and agreeing intended impact was considered as a critical principle to enable this work to happen effectively.

3. ACTIONS BEING TAKEN ACROSS GREATER MANCHESTER

3.1. During the meeting, the group heard about the ways in which Health and care organisations across Greater Manchester have already been responding to this challenge.

3.2. NHS trusts, including Pennine Care and Northern Care Alliance, have launched campaigns promoting respect and safety for staff. These initiatives set clear expectations around consequences for racist abuse and encourage reporting and support for affected staff.

3.3. Following serious public concerns raised following the incident at Crumpsall synagogue and instances of civil unrest over the summer, primary care providers have raised concerns about racism and discrimination targeting staff in general practice, pharmacy, optometry, and dentistry. Guidance and resources are being developed to support these teams.

3.4. Partners across the Greater Manchester public service ecosystem are working together to tackle racial inequalities identified by the Independent Inequalities Commission as a key barrier to progress. Building on a Mayoral manifesto commitment, GMCA have collaborated with the Centre on Dynamics of Ethnicity

and stakeholders to develop a Race Equity Framework. Endorsed in October 2023, the framework sets out ways of working underpinned by five themes: Leadership, Accountability, Performance, Resources, and Workforce.

3.5. A Race Equity Group drives collaboration across all ten councils and GMCA, aligning with similar frameworks such as the LGA and NHS England North West Anti-Racist Framework. Progress reported to GMCA in June 2025 includes investment in a Workforce Inclusion programme, development of People Inclusion standards, leadership programmes across multiple organisations, and a growing Civic Leadership programme for adults and youth supported by a new Alumni Network. Additionally, the Race Equality Panel is working with the GMCA Research team to establish race equity measures aligned with Greater Manchester Strategy. This wealth of ongoing work presents the opportunity for the health and care system to align messaging to existing programmes, such as into the GM Hate Crime Awareness Campaign to take place in February 2026.

3.6. The Mayor of Greater Manchester and the Integrated Care Board (ICB) have expressed strong support for a coordinated, system-wide response. A statement on anti-racism was supported by the GM Integrated Care Board meeting of 19th November 2025, and discussions are underway to embed anti-racist principles into commissioning and quality frameworks. The board statement is featured in Appendix 1.

4. NEXT STEPS

4.1. The group have recognised the urgency of this work and are committed to taking a ‘two pronged’ approach over the short-, medium-, and long-term. This approach and underpinning actions are expressed below:

- Develop an internal programme focused on workforce and leadership diversity, allyship, and belonging, as well as driving cultural change within our workforce and leadership structures. This will include strengthening reporting mechanisms and ensuring timely, transparent action on incidents, provision of appropriate training for staff and leaders on anti-racism, cultural competence,

and inclusive practice, and ensuring visible accountability, with clear escalation routes and consequences for inaction or breaches, to build trust and confidence among staff.

- A public-facing campaign which demonstrates our anti-racism commitment and is advised through lived experience through actively engaging and involving staff and communities.

4.2. Over the next 3 months the group will compile resources and map current activity across Greater Manchester to avoid duplication and maximise impact of existing programmes. This initial phase will set the foundation for coordinated action by defining priorities and ensuring alignment with existing local, regional, and national initiatives. Examples include alignment with the GM Hate Crime Awareness Campaign in February 2026, as well as the North West BAME Assembly and trade union anti racist frameworks and commitments.

4.3. In the next 6 months the group will support the development of a coordinated public facing campaign that amplifies our commitment and aligns to community priorities. It will be designed with racially diverse staff, communities, patients, and equality panels. Working with the ICB, the group will also support the progression of development for all staff and leaders on anti-racism, cultural competence, and inclusive practice, to prevent and minimise incidents, and to recognise and address them effectively when they occur.

4.4. Over the longer term, work will be undertaken to strengthen reporting mechanisms and ensure visible accountability for addressing incidents effectively and work with the ICB to embed anti-racist practice into business as usual as it develops in its role as a strategic commissioner – utilising commissioning and spending power as a lever for systemic change, embedding anti-racist principles into governance, commissioning, contracting, and outcome frameworks. This includes setting clear expectations for providers, applying inclusive procurement standards, and ensuring transparency and accountability throughout the supply chain. Anti-racism

will be treated as a core business requirement, with visible accountability and measurable outcomes, not an optional add-on.

4.5. We will also commit to a renewed effort to increase the diversity of our workforce and leadership, ensuring it reflects the communities we serve, recognising this must be achieved against a backdrop of challenges associated with finance and reform across the public sector.

5. CALL TO ACTION:

5.1. The Integrated Care Partnership Board is recommended to:

- Adopt an explicit and unapologetic Anti-Racist stance as the foundation for system-wide leadership action and accountability.
- Work with the Integrated Care Board to adopt anti-racist principles into governance, strategic commissioning, and procurement, using spending power to drive systemic change and make race equity a core business requirement.
- Ensure the voice of lived experience shapes policy and practice in decision making.
- Committing to progressing racial diversity in leadership roles to address under-representation and ensure decision-making reflects the diversity of our communities.
- Mandate anti-racism, racial literacy and inclusive practice development for all staff and leaders, supported by a public-facing campaign to amplify our commitment.
- Support the progression of next steps as outlined in section 4 of this paper.

Appendix 1: Statement from NHS GM Integrated Care Board

As a Board, and as individual Board members, we stand firm in our resolute commitment to lead with clarity, conviction, and courage in building an NHS that is inclusive, respectful, and has a genuine sense of belonging for all.

We stand united in endorsing the NHS's zero-tolerance stance on antisemitism, Islamophobia, racism, and every form of unlawful discrimination, including hatred fuelled by anti-immigration sentiment.

We uphold our commitment to the North West BAME Assembly's Anti-Racist Framework and renew our pledge to lead by example in actively challenging hatred, prejudice, and intolerance in all their forms.

In line with NHS England's formal adoption of the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism, we are recommending that the ICB and Trusts do the same, further strengthening our broader resolve to confront and eliminate antisemitism and all other manifestations of discrimination, prejudice, and hate.

This is a fundamental leadership responsibility. We are fully accountable for ensuring that our organisations not only declare these commitments but live by them, through its culture, policies, and everyday practice. We will maintain Board-level oversight to monitor progress, receive regular reports, and hold ourselves to the highest standards of integrity and inclusion.

Our goal is clear, that everyone staff, patients, visitors, stakeholders, and the communities we serve and are part of feel safe, respected, and genuinely valued within the NHS.

We are committed to leaving no space for discrimination, prejudice, or hatred to take root, actively creating environments where inclusion, fairness, and dignity are non-negotiable.