Norfolk and Waveney
University Hospitals Group

Norfolk and Waveney University Hospitals Group
Anti-Racism, Dignity and Respect Policy

Version 0.4 — July 2026

Approved by the Group Executive Group, 29 July 2026. Presented to the Group Board for ratification, 5 August 2026.

Incorporating the Group's response to Lord Mann's Review, NHS England PRN02538, the IHRA Working Definition of Antisemitism, the Government Definition of Anti-Muslim Hostility, and the NHS Race and Health Observatory Seven Principles of Anti-Racism.

Document Control

For Use In	Norfolk and Waveney University Hospitals Group (NNUH, JPUH, QEH King's Lynn)
Search Keywords	Anti-racism, antisemitism, Islamophobia, anti-Muslim hostility, dignity, respect, harassment, bullying, IHRA, Mann Review, PRN02538, RHO, VPR, discrimination
Document Author	Group Chief People Officer
Document Owner	Group Chief Executive Officer
Approved By	Group Executive Group — 29 July 2026. Staff-side consultation (JNCC/JSCC at each constituent Trust and the staff networks) closed 30 July 2026; should consultation have proposed any significant changes, the policy returns to the Group Executive Group for further approval. The adoption of the IHRA and anti-Muslim hostility definitions and the confirmation to NHS England are unaffected by any such changes.
Ratified By	Group Board — 5 August 2026
Approval Date	29 July 2026
Date to be reviewed by	July 2028, or sooner if required, including on publication of the national uniform guidance or the national anti-racism training
Implementation Date	On ratification by the Group Board
Reference Number	To be assigned by TrustDocs

Version History

Version	Date	Author	Reason / Change
V0.1	June 2026	Group Chief People Officer	Initial draft incorporating the Lord Mann Review, PRN02538, the IHRA and anti-Muslim hostility definitions and the RHO Seven Principles of Anti-Racism.
V0.2	July 2026	Group Chief People Officer	Definitions text restructured into shorter paragraphs; new provision on applying the definitions in practice; freedom of expression safeguards expanded; triage and escalation of concerns added at Section 4.1; safeguarding principles added at Section 4.2; interim measures at Section 4.5 revised to preserve discretion.
V0.3	July 2026	Group Chief People Officer	Status of the IHRA illustrative examples and the operative test set out; prohibition on reliance on stereotypes as a basis for decisions; symbol and political identifier provisions confined to patient-facing settings; recognition that certain political beliefs are capable of protection under the Equality Act 2010; worked examples added at Appendix D.

Version	Date	Author	Reason / Change
V0.4	July 2026	Group Chief People Officer	Section 3.7 revised and retitled; Section 10 cross-reference table reinstated; section numbering and internal cross-references corrected; editorial amendments throughout.

Previous Titles for this Document

This is a new Group policy — the first Group-wide policy of the policy standardisation project. It will be cross-referenced from the Group Misconduct Policy, Group Dignity at Work Policy and Group Grievance Policy as Trust-level policies are harmonised into Group-wide versions.

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from each Trust's intranet or document management system.

Consultation

The following were consulted during the development of this document:

- Group Chief People Officer and Trust HR leads
- Trade Union Partnership Forum / JNCC / JSCC at each Trust (consultation closed 30 July 2026; see Approved By above)
- Staff-side representatives
- Jewish, Muslim and BME staff network representatives
- Group Chief Nurse (Violence Prevention and Reduction Standard alignment)
- Group Director of Governance (Freedom to Speak Up cross-reference)
- Group Director of Communications (engagement provisions)
- Executive Managing Directors, NNUH, JPUH and QEH
- Freedom to Speak Up Guardians

Change Control

No individual Trust is permitted to make changes to this document without prior collaboration with the other two Trusts. It is the responsibility of the owner to instruct the author to conduct a review. Joint agreement must be obtained prior to amending this document.

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this procedural document. This review is continuous; as a minimum it will be achieved at the point the document requires review, for example on changes in legislation, findings from incidents, or document expiry.

Relationship to other procedural documents

This document is a policy applicable to the Norfolk and Waveney University Hospitals Group (NNUH, JPUH and QEH King's Lynn) and is the first Group-wide policy of the policy standardisation project; no other Group-wide policies are yet in place. As the standardisation project harmonises existing Trust-level conduct, dignity at work, grievance and capability policies into Group-wide versions, those Group policies will cross-reference this document for anti-racism standards, definitions and the reporting and response framework. See the cross-reference table at Section 10.

1. Introduction

1.1 Rationale

On 4 June 2026, Lord Mann published his independent review into tackling racism and antisemitism within the NHS. NHS England accepted his recommendations in full. Sir Jim Mackey, Chief Executive of NHS England, and Danny Mortimer, Director General for People, issued PRN02538 the same day, setting out immediate actions for every NHS organisation, with a hard deadline of Friday 31 July 2026 for confirming adoption of the IHRA working definition of antisemitism and the Government definition of anti-Muslim hostility.

Antisemitism and all forms of racism have no place in the NHS. Patients should never feel anxious when receiving care and no member of staff should ever feel isolated, intimidated or unwelcome in their workplace. This policy sets out how the Norfolk and Waveney University Hospitals Group will meet its obligations under the Mann Review, PRN02538, the Equality Act 2010, the NHS Constitution and the NHS Long Term Workforce Plan.

A co-signed all-staff communication from the Group Chief Executive Officer and Group Chief People Officer was issued in June 2026 setting out the Group's five commitments: standards; adoption of the definitions and the RHO principles; a single Group approach to dignity at work; training, including Board-level anti-racism training; and support and safety, with protection from retaliation. This policy gives effect to those commitments. It is presented alongside, and forms Phase 2 of, the Group's first EDI Workforce Plan 2026/27, approved by the Group Executive Group on 29 July 2026.

This policy is the first Group-wide policy of the Group's policy standardisation project. As existing Trust-level conduct, dignity at work, grievance and capability policies are harmonised into single Group-wide versions, those policies will cross-reference this document as the authoritative source for anti-racism definitions, standards and the reporting and response framework for racism cases.

1.2 Objective

The objective of this policy is to:

- Formally adopt the IHRA working definition of antisemitism and the Government definition of anti-Muslim hostility across the Group, with practical guidance on their application.
- Commit the Group to the NHS Race and Health Observatory Seven Principles of Anti-Racism.
- Establish a clear, consistent reporting and response framework for racism, antisemitism, anti-Muslim hostility and all forms of race-related harassment and discrimination across NNUH, JPUH and QEH.
- Create a rebuttable presumption in favour of formal investigation where racism, antisemitism or anti-Muslim hostility is the subject matter, so that cases are not "resolved away" informally without proper findings.
- Set specialist investigator standards for cases involving racism, antisemitism and anti-Muslim hostility.
- Establish provisions addressing racist behaviour by patients, visitors and members of the public towards staff, aligned with the Violence Prevention and Reduction Standard.
- Define mandatory training requirements, including Board-level anti-racism training accountability.
- Set governance and accountability requirements for Board-level scrutiny of staff survey data on racism, disproportionality monitoring, and alignment with the NHS Staff Standards.
- Ensure clear routing for racism-related concerns through Freedom to Speak Up.

- Provide the audit trail required by NHS England PRN02538, with a cross-reference matrix showing how each Mann Review and PRN02538 requirement is met (Appendix A).

1.3 Scope

This policy applies to:

- All colleagues employed by NNUH, JPUH or QEH, including those on honorary contracts, secondment, bank, agency and locum arrangements.
- All volunteers working within any Group site.
- All students on placement within any Group site.
- Board members, Non-Executive Directors, governors and committee members of each Trust and of the Group.
- In respect of Section 5 (Patient, Visitor and Public-Originating Racism), all patients, visitors and members of the public while on Group premises or engaging with Group services, including community and home-based services.

For medical staff, this policy is subject to the requirements set out in Maintaining High Professional Standards (MHPS) in the NHS and the GMC Order 2026 (as amended). Where MHPS provisions conflict with this policy, MHPS takes precedence on procedural matters; the substantive anti-racism standards in this policy apply to all staff groups without exception.

1.4 Glossary

Term	Definition
BAME / BME	Black, Asian and minority ethnic (noting current debate on terminology; used here for consistency with WRES reporting)
EDHR	Equality, Diversity and Human Rights
EMD	Executive Managing Director
FTSU	Freedom to Speak Up
GCPO	Group Chief People Officer
GMC	General Medical Council
IHRA	International Holocaust Remembrance Alliance
JNCC / JSCC	Joint Negotiating and Consultative Committee / Joint Staff Consultative Committee
JPUH	James Paget University Hospitals NHS Foundation Trust
MHPS	Maintaining High Professional Standards
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
NWUHG	Norfolk and Waveney University Hospitals Group
PALS	Patient Advice and Liaison Service
PRN02538	NHS England publication reference for the 4 June 2026 letter to NHS leaders
QEH	The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust
RHO	NHS Race and Health Observatory
VPR	Violence Prevention and Reduction
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

2. Responsibilities

Group Board / Group Chair / Group Chief Executive Officer. Accountable for setting the tone on anti-racism across the Group. Responsible for the public Group commitment statement naming antisemitism, anti-Muslim hostility, anti-Black racism, anti-Asian racism and all forms of racism, published on all three Trust websites. Accountable for ensuring each constituent Trust Board adopts this policy and monitors progress against it.

Group Chief People Officer (GCPO). Document author. Responsible for the development, review and operational implementation of this policy. Responsible for completing the NHS England PRN02538 confirmation survey, one return per constituent Trust. Leads quarterly reporting to the Group Executive Group on anti-racism metrics including disproportionality data, with an annual deep-dive to the Group Board. Named accountable officer for the Group EDI Workforce Plan 2026/27 and for escalated race discrimination and Freedom to Speak Up concerns.

Executive Managing Directors (EMDs) — NNUH, JPUH and QEH. Named accountable persons at each Trust for the implementation of this policy and delivery of the Group plan at site level. Responsible for ensuring Board and committee scrutiny of staff survey data on racism experience at their Trust.

Trust HR leads. Responsible for operational delivery of the reporting and response framework in Section 4, including ensuring investigating officers meet the specialist standards in Section 4.3. Responsible for maintaining disproportionality data and producing quarterly reports.

All line managers. Responsible for creating an environment free from racism, harassment and discrimination. Responsible for following the reporting and response framework in Section 4 when concerns are raised, including the default-to-formal requirement in Section 4.2. Responsible for recording incidents via Datix.

All colleagues. Every member of staff has a responsibility to treat colleagues, patients and visitors with dignity and respect, a right to work in an environment free from racism, harassment and discrimination, and is encouraged to report racist behaviour, whether experienced or witnessed, through the routes set out in Section 4.1.

Freedom to Speak Up Guardians. Responsible for ensuring racism-related concerns raised through FTSU are routed in accordance with Section 9 and Appendix B.

Group Chief Nurse. Co-owner, with the GCPO, of Section 5 (patient, visitor and public-originating racism) and of Violence Prevention and Reduction Standard alignment. Responsible for ensuring PALS and complaints handlers receive bespoke training (Section 7.4).

Group Director of Governance. Responsible for ensuring Datix reporting categories are configured to capture racism-related incidents in a way that supports disaggregated analysis by protected characteristic, and for maintaining the detriment and disproportionality assessment (Appendix C).

Staff network chairs (Jewish, Muslim, BME and other faith and ethnic networks). Provide lived-experience insight to inform the development, review and application of this policy, and will be engaged as part of any review or revision of the definitions' application guidance.

3. Strategic Framework and Definitions

3.1 The Group's Anti-Racism Commitment

The Norfolk and Waveney University Hospitals Group is committed to being an actively anti-racist organisation. We name racism, including antisemitism, anti-Muslim hostility, anti-Black racism, anti-Asian racism and racism against any ethnic or religious group, as unacceptable in any form, in any setting, from any source. This includes racism between colleagues, racism by colleagues towards patients, racism by patients or visitors towards colleagues, and structural or systemic racism in our policies, practices and decision-making.

We recognise that the NHS is not immune to the persistent and systemic challenges of racism, discrimination and inequality that exist in wider society. We commit to being honest about the challenges we face and taking strong action to address them.

3.2 IHRA Working Definition of Antisemitism

The Group formally adopts the International Holocaust Remembrance Alliance (IHRA) non-legally binding working definition of antisemitism, adopted by the IHRA Plenary in Bucharest on 26 May 2016 and by the UK Government on 12 December 2016. The full text of the IHRA working definition is as follows:

> *"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."*

To guide the Group in its work, the definition is accompanied by the IHRA's illustrative guidance and contemporary examples. Manifestations might include the targeting of the State of Israel, conceived as a Jewish collectivity; however, criticism of Israel similar to that levelled against any other country cannot be regarded as antisemitic.

The full set of the IHRA's contemporary illustrative examples is adopted with the definition, covering, among others: calling for or justifying harm to Jews; mendacious, dehumanising or stereotypical allegations about Jews or Jewish collective power; collective responsibility; Holocaust denial or distortion; accusations of dual loyalty; denial of the Jewish people's right to self-determination; double standards; classic antisemitic symbols and imagery; Nazi comparisons; and holding Jews collectively responsible for the actions of the State of Israel.

Antisemitic acts are criminal when they are so defined by law. Criminal acts are antisemitic when the targets are selected because they are, or are perceived to be, Jewish or linked to Jews. Antisemitic discrimination is the denial to Jews of opportunities or services available to others.

The definition and its illustrative examples are a tool to help identify antisemitism; they are not a mechanism to suppress legitimate debate. Sections 3.4 and 3.5 set out the approach to application and how this balance is managed in practice.

3.3 Government Definition of Anti-Muslim Hostility

The Group formally adopts the UK Government's non-statutory definition of anti-Muslim hostility, published on 9 March 2026 as part of the Social Cohesion Action Plan ("Protecting What Matters"), developed by the independent Working Group chaired by Dominic Grieve KC. The full text of the Government's definition is as follows:

> *"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."

This definition must be read alongside its accompanying text, which makes clear that open debate in the public interest is important and must be fully safeguarded. Protected expression includes: criticism of a religion or belief, including Islam, or of its practices, or critical analyses of its historical development; ridiculing or insulting a religion or belief, or portraying it in a manner some adherents might find disrespectful; criticism of the belief systems or practices of individual adherents; raising concerns in the public interest; and contributing to debates in the public interest, including academic and political debate.

The terminology "anti-Muslim hostility" reflects the wider prejudice and discrimination Muslims face and focuses squarely on Muslims as individuals rather than Islam as a religion; "hostility" focuses on actions and conduct rather than the holding of beliefs. The definition is non-statutory, does not change or override the law, does not affect sentencing or create new crimes, does not prevent raising concerns in the public interest, and is not about protecting a religion from criticism — only protecting people from targeted hostility. Context must always be taken into account when interpreting and applying the definition.

3.4 Applying the Definitions in Practice

This section is the application guidance referred to at Section 1.2. It is binding on every manager, investigator and decision-maker across the Group. Worked examples are at Appendix D.

Status of the definitions and the illustrative examples. The definitions are an aid to identification and understanding. They are not determinative of whether misconduct, harassment or discrimination has occurred. The IHRA's illustrative examples are illustrative, not determinative: whether any example is engaged is a matter to be assessed in the light of the overall context, as the IHRA text itself and the Mann Review both make clear. No conduct is antisemitic, or amounts to anti-Muslim hostility, merely because it can be placed alongside one of the examples.

The operative test. In assessing whether conduct is antisemitic, the question is whether it evidences hatred or hostility towards Jewish people as Jewish people. In assessing whether conduct amounts to anti-Muslim hostility, the question is whether it evidences hostility towards Muslims, or those perceived to be Muslim, as Muslims. Criticism of the policies or actions of the State of Israel, or of Zionism as a political position, is not to be treated as antisemitic in the absence of cogent evidence of such hostility. Criticism of Islamic theology or practice is not to be treated as anti-Muslim hostility in the absence of cogent evidence of hostility towards Muslims as people.

Matters to be assessed. Managers, investigators and decision-makers should consider the wording used, the context in which it was used, the audience, any pattern of conduct, the purpose and effect of the conduct, the impact on those affected, and whether any illustrative example is engaged.

Evidential threshold. A finding that conduct is antisemitic or amounts to anti-Muslim hostility requires cogent evidence. It must not be inferred from a person's ethnicity, nationality, faith, or from the political views they are known or assumed to hold.

Prohibition on reliance on stereotypes. No decision under this policy may rely on any of the following assumptions, each of which is prohibited as a basis for any finding, sanction or interim measure:

- that Palestinian, Arab or Muslim colleagues are, by reason of their ethnicity, nationality or faith, more likely to be antisemitic;
- that Jewish colleagues necessarily identify with, support or are answerable for the State of Israel or its policies — an assumption which may itself be antisemitic;
- that colleagues holding pro-Palestinian or anti-Zionist views are for that reason antisemitic;
- that colleagues expressing concern about anti-Muslim hostility are for that reason hostile to Jewish colleagues.

Recording. Where either definition is relied on in reaching a decision, the decision-maker must record in writing which definition was applied, the evidence relied on, and the reasoning. This record forms part of the case file and is subject to the disproportionality analysis at Section 8.2.

Consequences. Conduct assessed as antisemitic or as amounting to anti-Muslim hostility will be addressed under the Group's conduct, dignity at work or grievance arrangements as applicable, proportionately to its seriousness. The definitions do not create a separate sanction and do not displace the ordinary requirements of fairness or the ACAS Code of Practice.

3.5 Balancing the Definitions with Freedom of Expression

Both definitions exist in a legal landscape that includes Articles 9 and 10 of the European Convention on Human Rights (freedom of thought, conscience and religion, and freedom of expression) and the protections of the Equality Act 2010. The Group recognises that:

- The right to freedom of expression is a qualified right and must be balanced against the rights of others to dignity, safety and protection from discrimination.
- The definitions are tools for identification and education, not instruments of censorship. They do not override any individual's legal right to hold or express a belief, provided that expression does not amount to harassment, discrimination, victimisation, or instructing, causing or inducing any of those.
- Criticism of the policies or actions of the State of Israel, expressions of support for a Palestinian state, advocacy of Palestinian rights and discussion of Middle East politics, where not expressed in a way that is antisemitic, are legitimate political discourse and are not captured by the IHRA definition.
- Criticism of Islamic theology or practice, where not directed at individuals or expressed in a way that harasses or discriminates, is legitimate and is not captured by the Government definition.
- Harassment under section 26 of the Equality Act 2010 may be established by the effect of conduct as well as its purpose. A person may not intend to harass, but if the conduct has that effect, having regard to the perception of the person affected, the other circumstances and whether it is reasonable for the conduct to have that effect, the definition may be met.
- In applying these definitions, decision-makers must consider context, content, purpose, effect and overall circumstances. A single comment may not constitute harassment; a pattern of behaviour may do so.
- Any action taken on the basis of either definition must be proportionate and compliant with the Equality Act 2010, the Human Rights Act 1998 and relevant

employment law. The Group will not use either definition to pursue vexatious or disproportionate action.

The Group notes that the adoption of the IHRA definition is the subject of contention within some professional bodies, including a British Medical Association motion calling for its revocation pending free-speech safeguards. The safeguards in this section and at Section 3.4 — together with the even-handed, cross-characteristic scope of this policy, which names and addresses all forms of racism equally — are the Group's answer to those concerns and will be kept under review through staff-side partnership arrangements.

3.6 NHS Race and Health Observatory Seven Principles of Anti-Racism

The Group signs up to the NHS Race and Health Observatory (RHO) Seven Principles of Anti-Racism, in line with NHS England PRN02538. As published by the RHO, the principles are:

- Name Racism — demonstrate leadership by naming racism.
- Understand and Acknowledge — understand and acknowledge racism and its impacts.
- Meaningfully Involve Communities — co-produce solutions with staff and communities.
- Collect and Publish Data — collect, analyse, act on and publish race and ethnicity data.
- Identify Racial Bias — identify and address racial bias in systems and processes.
- Apply a Race-critical Lens — apply a race-critical lens to policy and practice.
- Evaluate and Reflect — evaluate impact and reflect to continuously improve.

These principles inform the design and review of all Group people policies, including those being harmonised through the policy standardisation project. The GCPO will report annually to the Group Board on progress against each principle.

3.7 The Group's Position

3.7.1 Adoption is a decision, not a requirement. NHS England has adopted the IHRA working definition and PRN02538 strongly encourages NHS organisations to do the same, but no direction has been made requiring NHS providers to adopt it. The Group has adopted both definitions as a matter of decision, approved by the Group Executive Group on 29 July 2026 and ratified by the Group Board on 5 August 2026, having considered the legal implications of doing so.

3.7.2 Adoption with published application guidance. The Group's position is that a definition adopted without guidance on how it will be applied gives managers no defensible basis for the decisions it asks them to make. The Group has therefore adopted both definitions together with the operative test, the evidential threshold, the status of the illustrative examples, the prohibition on reliance on stereotypes and the recording requirement at Section 3.4; the freedom of expression safeguards at Section 3.5; the provisions on symbols and political identifiers at Section 6; and the worked examples at Appendix D. The Group has considered a counsel's opinion of 15 July 2026 on the legal implications of the adoption of the IHRA definition within the NHS, commissioned by a third party and circulated to NHS organisations, and the matters that opinion identifies as necessary where a definition is adopted are addressed in those provisions.

3.7.3 Protected beliefs. The Group recognises that beliefs concerning Israel, Zionism and Palestinian rights may constitute philosophical beliefs capable of protection under section 10 of the Equality Act 2010, and that an Employment Tribunal has so held in respect of anti-Zionist beliefs. Holding such a belief is not, and must never be treated as, evidence of antisemitism. The manifestation of any belief remains subject to the same standards of

conduct as apply to everyone under this policy. The Group will keep this section under review as case law develops.

3.7.4 Independent advice. Where appropriate, and in any genuinely contested case, the Group will take independent legal advice before reaching a decision. Human Resources must be involved in any case in which either definition is relied on.

3.8 Definitions: Racism, Harassment, Bullying and Discrimination

Term	Definition
Racism	Prejudice, discrimination, hostility or abuse directed at someone because of their race, ethnicity, colour, nationality, national origin, or perceived racial or ethnic background. Racism can be direct or indirect, individual or structural. It includes but is not limited to antisemitism, anti-Muslim hostility, anti-Black racism, anti-Asian racism, racism against Gypsy, Roma and Traveller communities, and racism against any other ethnic group.
Antisemitism	As defined in Section 3.2 (IHRA working definition), applied in accordance with Section 3.4.
Anti-Muslim hostility / Islamophobia	As defined in Section 3.3 (Government definition), applied in accordance with Section 3.4.
Racial harassment	Unwanted conduct related to race that has the purpose or effect of violating a person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person (Equality Act 2010, s.26). A single incident of unwanted conduct can amount to harassment.
Racial discrimination	Treating a person less favourably because of their race (direct discrimination) or applying a provision, criterion or practice that is not a proportionate means of achieving a legitimate aim and which puts persons of a particular race at a particular disadvantage (indirect discrimination) (Equality Act 2010, ss.13 and 19).
Victimisation	Treating a person less favourably because they have made or supported a complaint of racial discrimination or harassment, or because they are suspected of having done or intending to do so (Equality Act 2010, s.27).
Microaggression	Brief, commonplace exchanges that send denigrating messages to individuals based on their group membership. While individual microaggressions may appear minor, their cumulative effect can be significant and damaging.

4. Reporting and Response Framework

This section establishes the Group's framework for reporting, investigating and resolving cases of racism, antisemitism, anti-Muslim hostility and race-related harassment and discrimination. It applies to all concerns involving staff-to-staff, staff-to-patient, or patient and visitor-to-staff racism. As the policy standardisation project harmonises the existing Trust-level conduct and grievance policies into Group-wide versions, those Group policies will reference this framework as the required process for racism cases.

4.1 Reporting Routes

Any colleague who experiences or witnesses racist behaviour may report it through any of the following routes:

- Directly to their line manager or a more senior manager.
- To their Trust's HR team.
- To their trade union representative.
- Through the Freedom to Speak Up Guardian (see Section 9).
- Via Datix incident reporting, using the racism and hate-incident category.
- To the Employee Assistance Programme for confidential support (this route does not initiate an investigation but ensures wellbeing support).

- To the GCPO or EMD directly, where the colleague does not feel safe using other routes.

Anonymous reporting is possible via Datix or FTSU. The Group encourages named reporting where the individual feels able to do so, as this allows a more thorough investigation and better support for the individual.

Reports of racism will be recognised and named as such, and appropriately triaged, categorised, risk assessed and escalated on receipt. They must not be recorded under a generic heading that obscures the racial or religious element.

No concern will be closed without a recorded decision and rationale. The Group will not administratively close racism-related cases. Every case must have a recorded finding (substantiated, not substantiated, or partially substantiated) and a named decision-maker.

4.2 Default to Formal Investigation for Racism Cases

Provision introduced in response to the Lord Mann Review and PRN02538.

Where a complaint or concern raises an allegation of racism, antisemitism, anti-Muslim hostility, or race-related harassment or discrimination, there is a rebuttable presumption in favour of formal investigation. This means:

- The default position is that the case will proceed to a formal investigation under the Group's conduct, misconduct or grievance policy as harmonised through the policy standardisation project.
- Informal resolution, including mediation, may only be used if **all** of the following conditions are met: (a) the complainant expressly requests informal resolution after having been informed of the formal route and their right to use it; (b) the HR lead for the case and a senior manager at Band 8b or above agree that informal resolution is appropriate given the nature and severity of the allegation; and (c) the decision to proceed informally, and the reasons for it, are recorded in writing.
- Where informal resolution is used, the case must still be recorded on Datix and flagged for inclusion in the quarterly disproportionality data report (Section 8.2).
- If the complainant initially agrees to informal resolution but later wishes to escalate to formal investigation, this must be facilitated without delay and without any adverse inference being drawn from the initial choice of route.

All racism investigations shall be conducted in accordance with safeguarding principles, including safety, dignity, confidentiality, protection from retaliation and wellbeing support.

Rationale. Lord Mann's review found large volumes of antisemitism-related complaints closed without meaningful resolution. The resolution-default culture in many Trusts, while well-intentioned as a general approach to workplace conflict, can have the unintended effect of sweeping racist conduct under the carpet. This provision ensures that racism cases receive the investigative scrutiny they require, while preserving the complainant's agency to choose informal resolution if they genuinely wish to. Lord Mann also recommends that trusts consider routes for early intervention and resolution and take account of the ACAS Code of Practice; the presumption is therefore rebuttable rather than absolute, and is designed to make decision-makers stop, consider each case on its facts and document the rationale, so that complaints are not lost and the reasoning can be scrutinised at Group level and tested for trends. The existing Trust-level policies — the NNUH Misconduct Policy (Ref 15355), the JPUH Just and Learning Workplace Policy, and the QEH Grievance Policy (V5) — all currently front-load informal resolution; this provision overrides that default for racism cases as those policies are harmonised into Group-wide versions.

4.3 Specialist Investigator Standards

Where a formal investigation involves allegations of racism, antisemitism, anti-Muslim hostility or race-related harassment, the investigating officer must meet the following standards:

- They must have completed the Group's specialist anti-racism investigator training. Approximately 150 investigating officers and senior line managers will be trained from September 2026, drawing on external subject-matter expertise from organisations such as the Community Security Trust for antisemitism and Tell MAMA for anti-Muslim hatred, or equivalent bodies.
- They must have no conflict of interest and no prior involvement in the case.
- They must demonstrate understanding of the IHRA working definition of antisemitism and the Government definition of anti-Muslim hostility, and be able to apply them in an investigative context in accordance with Section 3.4, including the evidential threshold and the prohibition on reliance on stereotypes.
- Where internal investigating officers with the required competence are not available, the Trust HR lead may commission an external specialist investigator. The cost of external investigators will be approved by the relevant EMD.
- Where internal investigators encounter particularly complex allegations, external expert advice may be sought.
- The terms of reference for the investigation must explicitly address the racism, antisemitism or anti-Muslim hostility element and not subsume it into generic bullying and harassment terms.

4.4 Timescales

Racism-related investigations should be completed within 12 weeks of the formal complaint being raised. Where this is not achievable, for example due to complexity, witness availability, or parallel regulatory processes, the investigating officer must notify the commissioning manager and the GCPO in writing, setting out the reason for the delay and the revised target date. The complainant must be kept informed throughout.

4.5 Victim Support Framework

The Group will provide the following support to any colleague who reports racist behaviour:

- A named point of contact, who will not be the investigating officer or the accused person's line manager, providing pastoral support throughout the process.
- Access to the Employee Assistance Programme for confidential counselling.
- Occupational Health referral where the colleague's health or wellbeing is affected.
- Signposting to relevant professional regulator advocacy services where applicable.
- Regular updates on the progress of any investigation, at least fortnightly or more frequently if the colleague requests.
- As a general principle, where the colleague and the accused person work in the same team or area, consideration will first be given to the temporary redeployment or restriction of the accused person. Any interim measures will be determined on a case-by-case basis, taking account of the circumstances, the wellbeing of those involved and operational requirements. Interim measures are neutral acts and are not a sanction or a finding.

4.6 Protection from Retaliation

Any colleague who reports racist behaviour in good faith is protected from retaliation. Retaliation against a person who has made a complaint of racism, or who has supported or witnessed such a complaint, will be treated as a serious disciplinary matter and may itself constitute gross misconduct. This protection extends to colleagues who report via any route,

including FTSU, Datix, line management, HR or trade union, and to colleagues who give evidence as witnesses in an investigation. Where a colleague believes they have suffered retaliation, they may raise this as a separate complaint under this policy or via FTSU.

5. Patient, Visitor and Public-Originating Racism

5.1 Violence Prevention and Reduction Standard Alignment

The Group is committed to implementing the NHS Violence Prevention and Reduction (VPR) Standard. This includes data capture on violence, aggression and abuse directed at staff by patients, visitors and members of the public, disaggregated by the protected characteristics of the staff member affected. This data will be monitored via the NHS Oversight Framework.

5.2 Expectations of Patient and Visitor Behaviour

Patients, visitors and members of the public are expected to treat all NHS staff with dignity and respect. Racist, antisemitic, anti-Muslim or otherwise discriminatory behaviour towards staff is not acceptable and will not be tolerated. Signage and patient information at all Group sites will make clear that racist and discriminatory behaviour is unacceptable and may result in action including the withdrawal of non-essential services, restriction of visiting rights, or, in serious cases, reporting to the police.

5.3 Response to Patient or Visitor Racism

Where a patient, visitor or member of the public directs racist behaviour towards a member of staff:

- The staff member may withdraw from the interaction where it is clinically safe to do so, or request a colleague to take over their care duties.
- The line manager, or the most senior clinician present, should intervene immediately to address the behaviour with the patient or visitor, making clear that it is unacceptable.
- The incident must be reported via Datix using the racism and hate-incident category.
- The line manager must ensure the affected staff member receives immediate pastoral support, including the offer of a break, access to the Employee Assistance Programme, and a debrief.
- Where the behaviour is criminal, for example racially aggravated assault or a public order offence, the Trust's security team and, where appropriate, the police should be contacted.
- A pattern of racist behaviour by the same patient or visitor should be escalated to the relevant clinical director and the Trust's safeguarding lead, and may result in a restriction of access to services for non-emergency care or the imposition of a behavioural agreement.
- Clinical care must never be withdrawn from a patient on the basis of their behaviour alone where there is an immediate clinical need. Clinical and ethical judgements about the provision of care must be made by the responsible clinician.

5.4 Data Capture and Monitoring

All racism-related incidents involving patients, visitors or members of the public must be recorded on Datix. Data must be captured in a way that enables analysis by the ethnicity and faith of the staff member affected, the nature of the incident, the clinical setting, and the action taken. This data will form part of the quarterly VPR report to each Trust Board and the Group Executive Group, and will be available for the NHS Oversight Framework.

6. Political Identifiers, Symbols and Uniform Guidance

NHS England has indicated that national uniform guidance addressing the display of politicised badges and symbols will be published in short order. The Group will adopt the national guidance when it is issued and will update the Group Uniform and Workwear Policy accordingly. In the interim, the following principles apply.

Patient-facing settings. In patient-facing settings, staff should not display badges, symbols, flags or insignia that are primarily political, as distinct from professional, religious or trade union-related, in nature. This restriction exists to protect the confidence of patients in the impartiality of their care.

Even-handed application. Any restriction under this section must be applied consistently to all causes and all political positions. A restriction that is applied to one cause and not to others, or which is enforced selectively, is not permitted under this policy.

Non-patient-facing settings. Restrictions do not extend to staff-only areas such as offices, rest areas and staff rooms, or to personal social media, except where the conduct in question amounts to harassment, discrimination or victimisation, or breaches the Group's social media or conduct standards.

National and cultural identity. Blanket restrictions on the expression of national, ethnic or cultural identity are prohibited. Items expressing national or cultural heritage are not to be treated as political identifiers by reason of that heritage alone. Where such an item is worn in a patient-facing setting in a manner intended as political expression, the patient-facing principle above applies, on the same basis as it would to any other cause.

Religious expression. Religious expression through dress, for example hijab, turban, kippah or cross, is permitted and protected under the Equality Act 2010. The Group's uniform policy will be updated in line with Manchester University NHS Foundation Trust and University College London Hospitals practice, as cited in PRN0222 and the Mann Review, to balance religious expression with patient safety requirements.

Permitted items. NHS Rainbow and other NHS-issued inclusion badges are permitted. Trade union badges are permitted.

Disputes. Any dispute about whether a specific item constitutes a political identifier should be escalated to the Trust HR lead for a case-by-case determination, recorded in writing. Worked examples are at Appendix D.

7. Training and Development

7.1 Mandatory EDI Training

All staff across the Group must complete the NHS Core Skills Framework module on Equality, Diversity and Human Rights (EDHR), which includes strengthened content on antisemitism and anti-Muslim hostility. The Group target is 95 per cent compliance within six months of the module's national release. When the new bitesize module co-created with faith leaders in the NHS becomes available, all staff must complete it, with the exception of those who have completed the EDHR mandatory training within the previous six months.

7.2 Board-Level Anti-Racism Training

All Board members and Non-Executive Directors across the Group must complete anti-racism training when it becomes available nationally. The Group Executive Group agreed on 29 July 2026 that all Board members will undertake this training, endorsed by the Group Board on 5 August 2026; the Mann Review expects provider Board completion within six months of the training's national release. Board-level training is not a one-off requirement: the Group will incorporate regular anti-racism development into the annual Board

development programme, including engagement with staff networks and lived-experience testimony.

7.3 Investigator and Manager Capability

Approximately 150 investigating officers and senior line managers across the Group will receive targeted training from September 2026 to January 2027 on contemporary manifestations of antisemitism, anti-Muslim hostility and racism, and on how to apply the definitions in an investigative context. The training will cover, as a minimum: the operative test and the status of the illustrative examples; the evidential threshold; the prohibition on reliance on stereotypes and the risk of stereotyping in both directions; obligations under Articles 9 and 10 of the European Convention on Human Rights and the Equality Act 2010; and the recording requirements at Section 3.4. It will draw on external specialist input from organisations such as the Community Security Trust and Tell MAMA, or equivalent bodies.

7.4 PALS and Complaints Handler Training

NHS England is developing bespoke eLearning for NHS PALS and complaints handlers. All PALS and complaints staff across the Group must complete this training when it becomes available. The Group Chief Nurse is the named owner for ensuring compliance.

8. Governance and Accountability

8.1 Oversight and Staff Survey Scrutiny

Each Trust and its relevant committees must fully understand the staff survey data on the experience of racism in their organisation. This is not an ad-hoc agenda item. The Group will build racism experience data scrutiny into the standing reporting cycle as follows:

- Quarterly reporting to each Trust's People Management Group on WRES indicators 5 to 8, disaggregated by Trust and, where sample size permits, by department.
- Quarterly reporting to the Group Executive Group on anti-racism metrics, including disproportionality data — the single Group-level quarterly assurance route, avoiding duplicate reporting layers.
- Annual deep-dive report to the Group Board presenting disproportionality data, case outcomes, and progress against the Group EDI Workforce Plan 2026/27.
- Named EMD accountability for identified problem areas at each Trust, with action plans reported back to the Board within one quarter.
- Strengthened accountability for racial inclusion through executive appraisals, in line with PRN02538. This mirrors the approach approved by the NHS Norfolk and Suffolk ICB Remuneration Committee and Board on 15 July 2026.

8.2 Disproportionality Monitoring

The Group will monitor disciplinary, grievance and dignity at work case data disaggregated by ethnicity and religion on a quarterly basis. This monitoring will track: entry rates into formal processes by ethnicity (the WRES disproportionality indicator); outcomes of formal processes by ethnicity, substantiated against not substantiated and sanction level; use of suspension by ethnicity; complainant satisfaction and case closure timeliness; and the ratio of formal to informal resolution for racism-related cases against all other cases.

The target range for the disciplinary disproportionality ratio, comparing BME and white staff entry into formal processes, is 0.80 to 1.25 at each Trust. Where a Trust falls outside this range, the EMD must commission an independent case review and report to the Group Board. An annual independent review of disproportionality findings will be commissioned and presented to the Group Board. See Appendix C for the full detriment and disproportionality assessment framework.

8.3 NHS Staff Standards and Oversight Framework

The NHS Staff Standards relating to the experience of racism were published on 6 July 2026, apply to secondary care trusts from July 2026, and are assessed through a headline metric in the NHS Oversight Framework. The Group will implement these Standards, incorporating them into the Group policy review cycle and the organisational development planning cycle for 2026/27 onwards; a separate paper on the Staff Standards is being prepared for the Group Executive Group. The VPR Standard and racism-related data capture will be monitored via the NHS Oversight Framework. The GCPO and Group Chief Nurse are jointly responsible for ensuring Group compliance.

9. Freedom to Speak Up: Racism Routing

See Appendix B for the full routing procedure. Colleagues may raise racism-related concerns through Freedom to Speak Up. The Group's FTSU Guardians will apply the following principles:

- Racism-related concerns raised through FTSU will be treated with the same seriousness and urgency as patient safety concerns.
- The FTSU Guardian will, with the colleague's consent, refer the concern to the Trust HR lead or GCPO for action under this policy. Where the colleague does not consent to referral, the Guardian will explain the limitations this places on the Group's ability to investigate, while respecting the colleague's autonomy.
- The no-detriment commitment in Section 4.6 applies equally to concerns raised via FTSU.
- FTSU Guardians will record racism-related concerns in a way that enables them to be included in the quarterly disproportionality data, anonymised where the individual has not consented to named referral.
- Where a pattern of concerns emerges from a particular department, site or staff group, the FTSU Guardian will alert the GCPO and the relevant EMD, even where individual concerns remain anonymous.

10. Cross-Reference to Group Policies (Policy Standardisation Project)

This policy supersedes no existing instrument. The following table maps it to the Trust-level policies being harmonised into Group-wide versions through the policy standardisation project. As each Group policy is published, this table will be updated.

Current Trust-level policy	Group policy (in development)	Relationship to this policy
NNUH Misconduct Policy (Ref 15355)	Group Misconduct Policy	Racism and harassment already classified as gross misconduct. The default-to-formal provision at Section 4.2 will be written into the Group version as the required process for racism cases, together with the specialist investigator standard at Section 4.3.
NNUH Performance Improvement Policy (Ref 23918)	Group Performance Improvement Policy	No direct conflict. Cross-reference to this policy for any performance concern with a racial dimension.
JPUH Just and Learning Workplace Policy (POL/TWD/JT1507/02)	To be disaggregated into separate Group Misconduct, Group Dignity at Work and Group Grievance policies	The combined policy's dignity at work and grievance sections will be replaced by the Group equivalents. Its equality impact assessment already acknowledges WRES disproportionality; that acknowledgement will be carried into all Group policies.
QEH Grievance Policy (V5)	Group Grievance Policy	The default-to-formal provision at Section 4.2 takes precedence for racism-related grievances.

Current Trust-level policy	Group policy (in development)	Relationship to this policy
QEH Dignity at Work / Respectful Resolution Pathway	Group Dignity at Work Policy	This policy supplements it with specific anti-racism standards, definitions, application guidance and the specialist investigator requirement.
QEH Attendance Policy (V3); NNUH Attendance and Wellbeing Policy (Ref 12666)	Group Attendance and Wellbeing Policy (already in train)	No direct conflict.
QEH Capability Policy (V6); NNUH Performance Improvement Policy	Group Capability / Performance Improvement Policy	No direct conflict.
Uniform and workwear policies (various)	Group Uniform and Workwear Policy (pending national guidance)	Section 6 of this policy provides the interim guidance.
FTSU policies (each Trust)	Group FTSU Policy	Section 9 and Appendix B provide the racism-specific routing addendum.

11. Related Documents

- Lord Mann, review into tackling racism and antisemitism within the NHS, and the Government response (4 June 2026)
- NHS England PRN02538: letter to NHS leaders following publication of the Lord Mann Review (4 June 2026)
- NHS England PRN0222: request for action on racism including antisemitism (17 October 2025)
- IHRA Working Definition of Antisemitism (adopted 26 May 2016)
- UK Government Definition of Anti-Muslim Hostility (published 9 March 2026)
- NHS Race and Health Observatory Seven Principles of Anti-Racism
- NHS Staff Standards (published 6 July 2026)
- NHS Core Skills Framework: EDHR module
- NHS Violence Prevention and Reduction Standard
- NHS Equality, Diversity and Inclusion Improvement Plan
- Equality Act 2010; Human Rights Act 1998
- GMC Order 2026 (as amended)
- NWUHG Group EDI Workforce Plan 2026/27 (Group Executive Group, 29 July 2026; Group Board, 5 August 2026)
- NWUHG all-staff communication on the Mann Review (issued June 2026)
- WRES 2025 national data analysis report for NHS trusts
- ACAS Code of Practice on disciplinary and grievance procedures

12. Monitoring Compliance

Key element	Process for monitoring	By whom	Responsible forum	Frequency
Adoption of the IHRA and anti-Muslim hostility definitions confirmed to NHS England	Short NHS England confirmation survey completed, one return per constituent Trust	GCPO	Group Executive Group / Group Board	One-off, by 31 July 2026
Default-to-formal compliance for racism cases	Case audit: proportion of racism cases proceeding to formal investigation, and recorded rationale where they do not	Trust HR leads	Group Executive Group	Quarterly
Application of the definitions	Audit of recorded decisions under Section 3.4 for evidential threshold and	Trust HR leads	Group Executive Group	Quarterly

Key element	Process for monitoring	By whom	Responsible forum	Frequency
	absence of stereotype reliance			
Specialist investigator deployment	Audit of investigator training records and case assignment	Trust HR leads	Group Executive Group	Quarterly
Mandatory EDHR training compliance	ESR training compliance reports	Group OD Lead	Trust Board	Monthly during rollout, then quarterly
Board-level anti-racism training	Training attendance records	GCPO	Group Board	Annual
Disproportionality ratio within the 0.80–1.25 range	WRES data and internal disciplinary data	GCPO / Trust HR leads	Group Executive Group quarterly; Group Board annual deep-dive	Quarterly
VPR data capture on racism against staff	Datix reporting analysis	Group Chief Nurse / GCPO	Trust Board	Quarterly
Staff survey racism indicators improving	WRES indicators 5 to 8	GCPO	Group Board	Annual, staff survey cycle
Policy review	Full policy review	GCPO	Group Board	Every 2 years, or sooner if required

Appendix A — PRN02538 Immediate Action Cross-Reference Matrix

For audit trail purposes, each immediate action from NHS England PRN02538 (4 June 2026) is mapped to the relevant provision in this policy and to the Group EDI Workforce Plan 2026/27.

PRN02538 immediate action	Policy section	Group plan ref	Status
Sign up to the RHO Seven Principles of Anti-Racism	Section 3.6	1.4	Approved by the Group Executive Group 29 July 2026; RHO notified
Confirm adoption of the IHRA definition and the anti-Muslim hostility definition to NHS England by 31 July 2026	Sections 3.2, 3.3, 3.7	2.1	Approved 29 July 2026; GCPO completed the NHS England confirmation survey, one return per constituent Trust, ahead of the deadline
Implement the Violence Prevention and Reduction Standard, including data capture and use of the data to target improvement with affected groups	Sections 5.1, 5.4	3.3	Covered in this policy; operational implementation owned by the Group Chief Nurse; Datix categories configured October 2026
Prepare to implement the NHS Staff Standards	Section 8.3	1.6	Standards published 6 July 2026 and applying from July 2026; baseline self-assessment September 2026
Adopt the new Government definition of anti-Muslim hostility	Section 3.3	2.1	Approved 29 July 2026
Ensure all staff complete the NHS Core Skills Framework EDHR module	Section 7.1	6.2	Compliance being verified via ESR, August 2026
Ensure all staff complete the new bitesize faith-leader module when available; Board agreement to the new anti-racism training	Sections 7.1, 7.2	6.1, 6.2	Executive agreement recorded 29 July 2026 and endorsed by the Group Board 5 August 2026; Mann Review expects Board completion within six months of national release
Bespoke training for PALS and complaints handlers	Section 7.4	6.3	Awaiting national release
Communicate actions to colleagues, staff representatives, patients and communities through internal and external channels	Sections 2, 5.2, 10	1.3, 4.1	All-staff communication issued June 2026; public Group commitment published on all three Trust websites; ongoing staff communications plan from August 2026
Ensure Boards and committees fully understand staff survey data on racism and act on key problem areas	Section 8.1	1.1, 3.5	Built into the standing reporting cycle; first disproportionality report December 2026
Strengthened accountability for racial inclusion through executive appraisals	Section 8.1	5.5	Design phase; from the 2026/27 appraisal cycle

Appendix B — FTSU Racism Routing Addendum

This addendum should be read alongside each Trust's Freedom to Speak Up policy and, once published, the Group FTSU Policy. It establishes the specific routing for racism-related concerns raised through FTSU.

1. Routing procedure. When a colleague raises a concern with a FTSU Guardian that involves or may involve racism, antisemitism, anti-Muslim hostility or race-related harassment or discrimination, the Guardian should:

- Listen without judgement and record the concern using the FTSU case management system.
- Categorise the concern using the FTSU national taxonomy and add a racism and discrimination flag.
- Explain to the colleague the options available, including referral to the Trust HR lead for formal investigation under this policy, direct complaint via HR, or continuation through FTSU with anonymised alerting.
- With the colleague's consent, refer the concern to the Trust HR lead, or to the GCPO if the concern relates to a senior manager, for action under this policy, including the default-to-formal mechanism at Section 4.2.
- Where the colleague does not consent to named referral, record the concern anonymously and include it in the quarterly thematic report to the GCPO and the relevant EMD.

2. The no-detriment commitment. The Group explicitly commits that no colleague will suffer detriment as a result of raising a racism-related concern through FTSU. This commitment is consistent with the Employment Rights Act 1996 as amended, the NHS Constitution, and National Guardian's Office guidance. Detriment includes but is not limited to dismissal, disciplinary action, failure to promote, exclusion from training or development opportunities, ostracism, or any other adverse treatment.

3. Escalation triggers. The FTSU Guardian must escalate to the GCPO immediately, regardless of anonymity, where: the concern suggests a patient safety risk arising from racist behaviour; the concern suggests a pattern of racist behaviour in a particular department or site; the concern involves an allegation against a senior leader at Band 8c or above; or the colleague reports that they have suffered retaliation for a previous complaint of racism.

Appendix C — Detriment and Disproportionality Assessment Note

Purpose. This appendix sets out how the Group captures and monitors racism and disproportionality in its people processes, and confirms the assessment framework in light of the Lord Mann Review and the default-to-formal investigation provision at Section 4.2.

1. The disproportionality paradox. The Mann Review and PRN02538 require Trusts to be more rigorous on racist conduct while also being fairer on disciplinary disproportionality. The 2024 national WRES data showed that in 51 per cent of NHS trusts, BME staff were over 1.25 times more likely to enter formal disciplinary processes than white staff. Without careful design, a zero-tolerance stance on racism could entrench existing disproportionality.

2. How this policy manages the paradox.

- The default-to-formal provision at Section 4.2 applies to complaints of racism by any person against any other person, regardless of ethnicity. It is not a provision that targets any ethnic group.
- The application guidance at Section 3.4, in particular the evidential threshold and the prohibition on reliance on stereotypes, is designed to prevent findings being reached on the basis of a person's ethnicity, faith or political views.
- The specialist investigator standards at Section 4.3 ensure that investigations are conducted by people who understand the nuances of racism, antisemitism and anti-Muslim hostility, reducing the risk of both under-recognition and over-prosecution.
- The disproportionality monitoring at Section 8.2 provides a real-time check on whether the policy is being applied equitably. If BME staff are disproportionately entering formal processes as respondents, this will be flagged and investigated.
- The victim support framework at Section 4.5 ensures that complainants are supported, not deterred. The retaliation protection at Section 4.6 ensures that the act of complaining does not itself become a source of disproportionate treatment.
- Decisions at the threshold of investigation must be recorded in writing with a clear rationale, creating an auditable trail that enables disproportionality analysis.

3. Equality impact assessment requirement. As each Trust-level policy is harmonised into a Group-wide version through the policy standardisation project, its equality impact assessment must acknowledge the WRES disproportionality data and set out the mitigations in place.

4. Does the detriment assessment need updating? Yes. The introduction of the default-to-formal investigation provision at Section 4.2 changes the threshold at which cases enter formal processes. This must be reflected in the Group's detriment and disproportionality monitoring framework. Specifically: Datix reporting categories must be updated to enable disaggregation of racism-related formal cases from all other formal cases; quarterly disproportionality reports must separately track the ethnicity profile of complainants and respondents in racism-related formal cases; an annual independent review must assess whether the default-to-formal provision is having any disproportionate impact on any ethnic group as respondents; and the Group Director of Governance must ensure these changes are in place within three months of ratification, that is by the end of October 2026.

Appendix D — Worked Examples for Managers and Investigators

These examples are illustrative. They do not replace the requirement to assess each case on its own facts in accordance with Section 3.4, and they do not displace HR advice. Where a case does not resemble any example below, the operative test at Section 3.4 applies.

Scenario	Approach
A colleague posts on personal social media criticising the actions of the Israeli government and calling for a ceasefire.	Not antisemitic. This is political expression of a kind protected by Article 10 and expressly outside the IHRA definition. No action. It would only become a conduct matter if the post targeted Jewish colleagues, invoked antisemitic tropes such as conspiracy or collective responsibility, or was directed at an individual in a way amounting to harassment.
A colleague posts on social media that Jewish colleagues at the Trust should be “asked where their loyalties lie”.	Capable of being antisemitic. This engages the dual-loyalty example and, more importantly, evidences hostility towards Jewish people as Jewish people. It is also capable of amounting to harassment under section 26 of the Equality Act 2010. Formal investigation under Section 4.2.
A staff network organises an educational panel discussion on the humanitarian situation in Gaza, held in a staff-only area outside working hours.	Permitted. Discussion of Middle East politics is legitimate discourse. The Group should assure itself that the event is open, that speakers are briefed on the conduct standards in this policy, and that any colleague who reports feeling targeted is supported under Section 4.5. The event is not to be cancelled on the basis of its subject matter alone. The same approach applies to an event on antisemitism or on anti-Muslim hostility.
A colleague repeatedly raises the Israel-Palestine conflict with a Jewish colleague who has asked them to stop, on the assumption that the Jewish colleague speaks for Israel.	Capable of amounting to harassment, and the underlying assumption is one this policy expressly prohibits at Section 3.4. The relevant question is the effect of the conduct on the colleague affected, not whether the person intended to cause offence. Formal investigation.
A doctor wears a keffiyeh in a staff-only office area.	No action. Section 6 restrictions apply to patient-facing settings. A keffiyeh is also an item of cultural dress; blanket restrictions on the expression of national or cultural identity are prohibited.
A nurse wears a flag badge of any nation on their uniform while delivering care on a ward.	Addressed under the patient-facing principle at Section 6, applied identically whichever nation the badge represents. A conversation and a request to remove it while in the patient-facing setting is proportionate. A restriction applied to one flag but not others would not be lawful under this policy.
A manager wishes to exclude a Muslim colleague from an investigation panel concerning an antisemitism allegation, on the basis of their faith.	Not permitted. This is reliance on a prohibited stereotype under Section 3.4 and is capable of amounting to direct discrimination. Panel composition is determined by conflict of interest, training and competence under Section 4.3, not by faith or ethnicity.
A colleague states in a team meeting that they believe the State of Israel should not exist as a Jewish state.	Requires careful assessment. This engages one of the IHRA illustrative examples, but the examples are not determinative and the belief may itself be capable of protection under section 10 of the Equality Act 2010 (Section 3.7.3). The operative question is whether the conduct evidences hostility towards Jewish people as Jewish people, assessed on context, audience, manner and effect. The setting matters: a political view expressed in a workplace team meeting may be inappropriate as to time and place without being antisemitic. HR advice must be taken and the reasoning recorded.
A patient refuses treatment from a Black doctor and uses racist language.	Section 5.3 applies. Immediate intervention by the senior clinician present, Datix report under the racism and hate-incident category, immediate pastoral support and debrief for the doctor, and escalation where there is a pattern. Clinical care is not withdrawn where there is immediate clinical need.

Equality Impact Assessment

Type of function or policy	New
Division / department	Corporate — People Services
Name of person completing form	Emma-Jayne Pérez Chies, Group Chief People Officer
Date	July 2026

Equality area	Potential negative impact	Positive impact	Groups affected	Full EIA required
Race	See note below	Yes — the policy is specifically designed to improve outcomes for staff affected by racism	All staff; particular benefit to ethnic minority, Jewish and Muslim staff	No — designed to mitigate identified detriment
Religion and belief	See note below	Yes — formally adopts definitions protective of Jewish and Muslim staff, addresses faith-based harassment, and recognises that political and philosophical beliefs may be capable of protection	Jewish and Muslim staff in particular; all staff of faith and none; staff holding protected beliefs	No — designed to mitigate identified detriment
Pregnancy and maternity / disability / sex / gender reassignment / sexual orientation / age / marriage and civil partnership	None	None	Not applicable	No

EDS22 — impact on the equality and diversity strategic plan. This policy directly supports the Group's commitments under the WRES, the NHS EDI Improvement Plan and the RHO Seven Principles of Anti-Racism, and forms part of the Group's first EDI Workforce Plan 2026/27. It addresses identified gaps in the Group's current policy suite for the protection of staff from racism, antisemitism and anti-Muslim hostility.

Note on race and religion or belief. National WRES data shows that BME staff are disproportionately more likely to enter formal disciplinary processes. This policy introduces a default-to-formal investigation for racism cases at Section 4.2, which could in theory increase the number of formal cases. That provision applies equally to all staff regardless of ethnicity and is accompanied by the application guidance and evidential threshold at Section 3.4, the disproportionality monitoring safeguards at Section 8.2 and annual independent review under Appendix C. The policy also engages religion and belief in more than one direction: it protects Jewish and Muslim colleagues from hostility, and it protects colleagues holding beliefs about Israel, Zionism and Palestinian rights from adverse treatment on the basis of those beliefs alone. The overall intent and design of the policy is to reduce detriment. No full impact assessment is required at this stage, but the monitoring framework will provide ongoing assurance and the policy will be reviewed if unintended consequences emerge. A full assessment will be required if the impact is potentially discriminatory under the general equality duty, if any group could be potentially disadvantaged by the policy, or if the policy is assessed to be of high significance.

Author: Emma-Jayne Pérez Chies, Group Chief People Officer
Approval date: 29 July 2026 Ratification: 5 August 2026 Next review: July 2028