NHS England North West

NHS NORTH WEST Race Equity Assembly

Manchester Integrated Care Partnership

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NHS Leadership Academy North West

DRIVING RACE EQUITY

Keeping it real | The Lord Mann Report and NHS Staff Standards

Abid Dar, NHSE NW Assistant Director EDI and Employee Experience

The Lord Mann Report and NHS Staff Standards

A 45-minute strategic session for NHS Leaders

Connecting national expectations on tackling racism, violence prevention and sexual safety to board assurance, culture and delivery decisions.

Interactive leadership briefing + strategic questions

July 2026

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SESSION DESIGN

A 45-minute leadership session

Designed for NHS Boards, executives, clinical leaders and people leaders — with decision points built in.

00–04	**Set the leadership frame**	Why staff experience, discrimination and safety are operational risks.
04–12	**Lord Mann: the reset agenda**	What the report examined, what was accepted and what changes for leaders.
12–25	**NHS Staff Standards**	New minimum expectations: tackling racism, violence prevention and sexual safety.
25–34	**Link the agendas**	How Mann and the Staff Standards form one operating model for assurance.
34–42	**Strategic questions**	**What to decide locally, at system level and regionally.**
42–45	**Commitments and next steps**	Agree the next 30 days and the evidence leaders will request.

Ask leaders: what decisions must this session unlock?

Sources: GOV.UK NHS staff standards, 6 Jul 2026; NHS England Lord Mann Review, PRN02538.

EXECUTIVE FRAMING

The leadership task is bigger than compliance

The national ask is to turn standards and accepted recommendations into safer, fairer, more trusted workplaces.

01

Protect staff and patients

Racism, violence and sexual misconduct affect safety, trust, retention and access to care.

02

Make expectations visible

The Staff Standards set national minimum requirements and make staff experience measurable.

03

Create evidence of grip

Leaders need assurance that prevention, reporting, response, support and learning work in practice.

Strategic lens **What would persuade staff that leadership is serious enough to change everyday experience, not just policy wording?**

Sources: GOV.UK Lord Mann Review, 4 Jun 2026; GOV.UK NHS staff standards, 6 Jul 2026.

Staff experience is now a leadership accountability issue

The Staff Standards add a formal employment-accountability mechanism to an existing quality, workforce and culture risk.

1.5m+

NHS staff whose working conditions are in scope of the new standards.

6

Priority areas: line management, wellbeing, flexible working, racism, violence and sexual safety.

14.47%

Staff reporting violence from patients, relatives or the public in the most recent Staff Survey cited in the announcement.

1	**Formal accountability**	Employers are expected to be measured on key staff experience issues, with performance made visible.
2	**Zero tolerance tested**	Racism, violence and sexual misconduct are framed as unacceptable — leaders must evidence action.

Sources: GOV.UK press release, 6 Jul 2026; NHS Employers Staff Standards published, 6 Jul 2026.

Three signals now converge into one operating challenge

NHS leaders should avoid treating these as separate initiatives: the practical controls are largely shared.

01

Lord Mann Review

Racism-specific reset: accountability, reporting, investigation, data, training and anti-racist culture.

02

NHS Staff Standards

Employment standards: minimum expectations, staff voice, local partnership and measurable delivery.

03

Existing frameworks

VPR Standard and Sexual Safety Charter provide detailed controls and assurance expectations.

Leadership interpretation

One agenda: set expectations, prevent harm, enable safe reporting, respond fairly, support affected people, learn visibly and assure transparently.

Sources: GOV.UK NHS staff standards; NHS England VPR Standard v2; NHS England Sexual Safety Charter; NHS England Lord Mann Review.

PART 1

The Lord Mann reset

What NHS leaders need to hold before moving into the new Staff Standards.

01 From national review to local leadership grip

The review looked across the NHS, employers and regulators

Its central question was whether the system recognises, reports and responds to antisemitism and other forms of racism consistently.

01

NHS system

How national bodies set expectations, support improvement and assure delivery.

02

Employers

How organisations prevent, identify, report, investigate and learn from incidents.

03

Regulators

How professional and system regulators handle racism and protect public confidence.

Review question for leaders

Can every part of our system demonstrate that racism is recognised early, reported safely, investigated consistently and acted on visibly?

Sources: GOV.UK Lord Mann Review, 4 Jun 2026; NHS England Lord Mann Review, PRN02538.

The report describes a gap between values, experience and response

For leaders, the risk is not only individual behaviour — it is inconsistent organisational response.

1 Experience

Racism and antisemitism described as widespread and sometimes normalised.

2 Confidence

Some staff and patients lack trust that concerns will be handled well.

3 Reporting

Routes are not always clear, accessible or psychologically safe.

4 Investigation

Capability and consistency vary across employers and regulators.

5 Data

Workforce and patient data are not always transparent or actionable.

6 Learning

Themes do not always become prevention and culture change.

Leadership implication

The system must prove that concern-raising leads to fair action, support and visible learning — not silence, defensiveness or variation.

Sources: NHS Employers summary, 4 Jun 2026; DHSC government response, 4 Jun 2026.

ACCEPTED ACTIONS

The response moves Mann from review to delivery obligation

Government and NHS England accepted the relevant recommendations and set immediate actions for NHS implementation.

Principles

Adopt the NHS Race and Health Observatory Seven Anti-Racism Principles.

Staff standards

Set clear staff standards relating to experience of racism.

Oversight

Use the NHS Oversight Framework to support improvement and assurance.

Accountability

Strengthen racial inclusion through leader objectives and appraisals.

Capability

Anti-racism training for boards, system leaders and handlers.

Data

Improve dataset transparency and consider distinct categories for Jewish and Sikh staff.

Implementation stance **Acceptance creates a board-level question: who owns delivery, what evidence is enough, and how quickly are gaps escalated?**

Sources: NHS England Lord Mann Review, PRN02538; NHS Employers summary, 4 Jun 2026.

Lord Mann Review: Antisemitism and Racism in the NHS

Independent review led by Lord John Mann — published 4 June 2026

All 36 recommendations accepted by Government and NHS England — 4 June 2026

Accountability & Governance (Recs 3–5)

- Oversight Framework score
- Annual board review
- Measurable WRES action plans

Data, Reporting & Standards (Recs 1–2)

- Adopt the 7 anti-racism principles
- Consider Jewish and Sikh data categories
- New tackling racism Staff Standard

Culture, Uniform & Leadership (Recs 6–7)

- National uniform guidance
- Single incident-response guidance
- Measurable EDI objectives for leaders

Staff Protection & Support

- Resource staff networks
- Zero tolerance for discriminatory behaviour
- Safeguards for people who report racism

Source: GOV.UK Lord Mann review and government response, 4 June 2026.

Lord Mann Review — Implementation Timeline

Government and NHS England commitments following acceptance of all 36 recommendations

4 June 2026 *Published*	By October 2026 *4 months*	By December 2026 *6 months*	By June 2027 *12 months*	Ongoing *Rolling*
• All 36 recommendations accepted.	• Initial progress report to Parliament.	• Training for trust Chairs and Chief Executives completed.	• Full one-year progress report to Parliament.	• Tackling racism score visible in the Oversight Framework.
New NHS Staff Standard on tackling racism announced. NHS England to adopt the 7 anti-racism principles.	National uniform guidance expected. Timeline subject to national confirmation.	Updated EDHR training includes antisemitism and anti-Muslim content. ICBs support completion across systems.	Consistent definitions agreed with regulators. Draft GMC Order planned for Parliament.	Annual board oversight of racism investigations. Jewish and Sikh data categories under consideration.

The 7 NHS Race and Health Observatory Anti-Racism Principles

An evidence-based model to guide the NHS — adopted as a system-wide commitment under the Lord Mann Review (Rec 1)

NHS Race and Health Observatory anti-racism principles — adopted as a system-wide commitment

1 Name Racism

Identify racism explicitly — individual, institutional and structural — rather than using neutral language.

2 Understand Racism

Build a shared understanding of how racism operates in data, practice, workforce experience and culture.

3 Involve Communities

Involve racialised communities from the outset in design, delivery and evaluation.

4 Publish Data

Collect and publish ethnicity data, then use it to identify and address disparities.

5 Identify Racial Bias

Review policies, processes and pathways for racial bias and take visible action.

6 Use a Race Lens

Apply a race-critical lens to decisions on commissioning, workforce and service design.

7 Evaluate Impact

Measure impact, reflect honestly and share learning across the system.

What should NHS leaders ask after the Mann Review?

Use these questions before the Staff Standards section to test accountability and local readiness.

1	**Where is accountability held?**	Which executive, committee and system forum owns delivery — and what is the escalation route when practice falls short?
2	**What evidence would we trust?**	Which indicators show that reporting is safe, investigations are fair and learning is changing culture?
3	**Where is variation greatest?**	Which sites, staff groups, services or pathways show weakest confidence, highest incidents or slowest response?
4	**What must be solved once?**	Which capabilities are better built collaboratively across providers, ICBs and the region?

PART 2

NHS Staff Standards: three harm-focused themes

Tackling racism, preventing and reducing violence, and championing sexual safety.

02 From values to minimum employment standards

The standards set national minimum employment requirements

They outline employer actions and what staff can expect, with a focus on staff experience areas that matter most.

01 **Line management**

02 **Health and wellbeing**

03 **Violence prevention and reduction**

04 **Championing sexual safety**

05 **Tackling racism**

06 **Flexible working**

How they will be used	**The standards apply to secondary care and are intended to be implemented locally through partnership working. Performance will be measured through the NHS Oversight Framework and wider assurance processes.**
Leader takeaway	**Treat them as the minimum floor for employment experience — not as an optional improvement programme.**

Sources: GOV.UK NHS staff standards, 6 Jul 2026; NHS England NHS Staff Standards, 6 Jul 2026.

The three harm-focused standards are deeply connected

Each theme has different policy roots, but leaders need one coherent model of prevention, response and assurance.

01

Tackling racism

Make anti-racism expectations explicit, prevent harm, enable safe reporting and act on patterns.

02

Violence prevention

Use risk-based controls to prevent and reduce abuse, threats and assaults against staff.

03

Sexual safety

Take a zero-tolerance approach to unwanted, inappropriate or harmful sexual behaviours.

Common leadership requirement

All three standards depend on psychological safety, credible action, timely support, data transparency and visible learning.

Sources: GOV.UK NHS staff standards; NHS England VPR Standard v2; NHS England Sexual Safety Charter.

Tackling racism is the bridge between Mann and the Staff Standards

The standard turns the review's core message into employer expectations that leaders can govern and evidence.

Prevent

Set clear behavioural expectations, leadership messages and anti-racist practice in teams.

Report

Make reporting routes visible, safe and trusted for staff and patients.

Respond

Investigate consistently, act proportionately and refer where required.

Support

Offer practical and psychological support to those affected and to teams after incidents.

Learn

Use WRES, Staff Survey, incident and case themes to target prevention.

Assure

Report progress through board governance, appraisals and oversight routes.

Strategic question	**Where do staff currently experience the greatest gap between stated anti-racism values and daily reality?**

Sources: GOV.UK NHS staff standards, 6 Jul 2026; NHS England Lord Mann Review, PRN02538.

Violence prevention is a safety and retention control

The updated VPR Standard supports organisations to assess themselves and build continual improvement plans.

1. **Leadership and accountability**
2. **Governance and assurance**
3. **Collaboration**
4. **Data**
5. **Workforce**
6. **Interventions**
7. **Evaluation**

What leaders need to evidence

Risk assessment, prevention controls, reliable incident reporting, support after incidents, staff confidence that action is taken, and evaluation of whether violence is reducing.

Strategic question	**Which violence risks require system-level action because a single organisation cannot reduce them alone?**

Sources: NHS England Violence Prevention and Reduction Standard v2, 2024; GOV.UK NHS staff standards, 6 Jul 2026.

Sexual safety requires visible zero tolerance and practical support

The national charter and policy framework already define the behaviours and controls leaders should expect to see.

Culture

Open, transparent culture that does not tolerate unwanted or harmful sexual behaviours.

Support

Appropriate support for staff who experience inappropriate or harmful behaviour.

Policies

Clear policies and timely action against alleged perpetrators.

Training

Specific training so staff recognise, respond and know how to report.

Reporting

Mechanisms that are safe, accessible and taken seriously.

Data

Capture and share prevalence and staff experience data transparently.

Strategic question	**Would staff believe that senior leaders will act even when allegations involve high-status individuals or hard-to-staff services?**

Sources: NHS England Sexual Safety Charter, 2023; National people sexual misconduct policy framework, 2024; GOV.UK NHS staff standards.

One operating model can serve all three standards

Separate policies are necessary; fragmented governance is not. Leaders need a common spine for harm prevention and response.

1	2	3	4	5	6
Set standards	**Prevent harm**	**Report safely**	**Respond fairly**	**Support people**	**Learn visibly**
Define expected behaviours and leadership obligations.	Assess risk, train leaders and design safer systems.	Make routes visible, trusted and psychologically safe.	Investigate consistently and act in a timely way.	Offer support during and after incidents.	Convert themes into prevention and assurance.

Board test **Can we show that the same standards of seriousness apply whether harm is racist, violent or sexual in nature?**

Sources: Synthesised from NHS Staff Standards, VPR Standard, Sexual Safety Charter and Lord Mann Review.

How the Mann report links to the NHS Staff Standards

Mann is the racism-specific catalyst; the Staff Standards are the wider employment accountability mechanism.

Mann Review asks for...	Staff Standards provide...	Leadership assurance should show...
Stronger accountability	Minimum employer expectations, measured through oversight	Named SRO, board cadence, appraisals and escalation
Better reporting and investigation	Shared controls for racism, violence and sexual safety	Safe routes, cycle times, quality review and support offered
Anti-racist culture and learning	Explicit tackling racism standard within the employment framework	Evidence that themes change practice, training and team climate
Transparency and data	Staff Survey, WRES, incident, FTSU and workforce intelligence	A concise dashboard with variation, actions and outcomes
Key leadership message	**Do not create a "Mann workstream" apart from staff experience governance — connect it to the standards, data and assurance already being built.**	

Sources: NHS England Lord Mann Review, PRN02538; GOV.UK NHS staff standards, 6 Jul 2026; NHS Employers Staff Standards published.

PART 3

What NHS leaders must decide

Moving from national standards to credible local and system delivery.

03 Governance, evidence and strategic choices

Track evidence that shows practice is changing

Avoid “green by activity”. Assurance should combine leading indicators, lived experience and outcomes.

Domain	Evidence leaders should request	Why it matters
Leadership	Named accountable executive; board review cadence; objectives in appraisals.	**Accountability**
Reporting	Awareness of routes; time to acknowledge; support offered; staff confidence.	**Safety and trust**
Investigation	Cycle time; quality review; consistency; regulatory referral thresholds.	**Fairness**
Experience	Staff Survey, WRES, FTSU, incident themes and patient feedback.	**Outcome evidence**
Learning	Actions closed; recurrence themes; communications and system changes.	**Sustainability**

Ask **Which two indicators would change executive behaviour fastest if they were reviewed every month?**

Sources: Lord Mann recommendation themes; NHS Staff Standards implementation summaries; NHS England VPR and Sexual Safety frameworks.

Build a single data pack for the three standards

Leaders need enough information to see variation and act, without waiting for annual survey cycles.

Staff voice	Staff Survey, pulse checks, staff networks, equality networks and learner feedback.	**Incident intelligence**	Security, violence, harassment, sexual misconduct, racism and patient safety incident data.
Speak-up routes	Freedom to Speak Up, HR cases, grievances, complaints, PALS and union intelligence.	**Equity lens**	Break data down by protected characteristics, staff group, site, service and seniority.
Response quality	Acknowledgement times, investigation cycle time, support offered and action completion.	**Culture signals**	Repeat themes, hotspots, communication quality and whether staff feel safe to report.

Strategic question **Where does the current data pack create false reassurance because it misses informal experience, non-reporting or intersectional risk?**

Sources: NHS Staff Survey indicators; WRES; NHS England VPR Standard; Sexual Safety Charter assurance approach.

Use a staged rhythm to move from briefing to grip

The aim is not to invent new bureaucracy, but to align existing quality, workforce and safety governance.

0–30 days	30–90 days	90–180 days	6–12 months
Mobilise	**Baseline**	**Standardise**	**Assure**
Name SRO; map current governance; agree strategic risks; brief Board and staff side.	Review data quality, reporting routes, support offer, investigation capability and hotspots.	Implement staff standards; align VPR and sexual safety controls; close priority gaps.	Report progress publicly; test culture change; embed objectives and learning into governance.

Critical dependency **Synchronise with WRES, People Promise, Staff Survey, FTSU, complaints, safeguarding, employee relations, patient safety and quality governance cycles.**

Sources: NHS England Lord Mann Review; NHS Staff Standards implementation summaries; NHS Employers guidance.

LEADER DISCUSSION

Strategic questions for NHS leaders – Pairing Up

Use this as the interactive part of the session. Capture decisions, dependencies and what must happen in the next 30 days.

1	**Ambition**	What would “good enough” look like after 12 months — and what would be unacceptable variation?
2	**Accountability**	Who owns delivery when the issue crosses workforce, quality, security, safeguarding, patient experience and regulation?
3	**Transparency**	What are we willing to publish or share across the system, even where the picture is uncomfortable?
4	**Partnership**	What should be co-designed with staff side, staff networks, clinical leaders and patient representatives?
5	**System action**	Which capabilities should be built once across the North West rather than recreated trust by trust?

Facilitator prompt **Choose one decision leaders can make today and one issue that needs regional escalation.**

COMMITMENTS

Agree the next 30 days before leaving the room

A 45-minute session should end with decisions, not only awareness.

1	**Name ownership**	Confirm executive SRO, board committee and system link.	2	**Define evidence**	Agree the baseline dashboard and what “red” looks like.
3	**Test routes**	Check that racism, violence and sexual safety reporting routes are visible and trusted.	4	**Review support**	Confirm practical and psychological support after incidents.
5	**Prioritise hotspots**	Identify services, sites or staff groups needing urgent action.	6	**Set cadence**	Schedule board and system assurance reviews for 30/90/180 days.

Close **The test is whether staff can feel the difference — through safer workplaces, trusted reporting and visible learning.**

Sources: Implementation interpretation based on Lord Mann Review and NHS Staff Standards.

APPENDIX

Source references used in this briefing

Content sourced from the public Lord Mann Review, NHS Staff Standards and national NHS frameworks.

GOV.UK Lord Mann Review	Lord Mann review on antisemitism and other forms of racism in the NHS, published 4 June 2026; updated 2 July 2026.
NHS England Lord Mann Review	Publication reference PRN02538: accepted recommendations and immediate NHS England actions.
GOV.UK NHS Staff Standards	NHS staff standards and overview/summaries, published 6 July 2026.
GOV.UK announcement	NHS sets first-ever staff standards to tackle racism and violence, 6 July 2026.
NHS England VPR Standard	Violence Prevention and Reduction Standard, version 2, 2024.
NHS England Sexual Safety	Sexual Safety in Healthcare Organisational Charter and National People Sexual Misconduct Policy Framework.
NHS Employers	NHS Staff Standards published; Lord Mann recommendations to tackle antisemitism and racism accepted.

CLOSING SESSION

Please remain in the main auditorium for closing remarks.

Thank you

Please don't forget to complete the event evaluation.

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