

Open letter: the reality facing Black NHS staff during restructuring, racism and national instability

*To: Wes Streeting MP, Secretary of State for Health and Social Care
Karin Smyth MP, Minister of State for Health (Secondary Care)
Sir James Mackey, Chief Executive Officer, NHS England
Samantha Jones, Permanent Secretary for the Department of Health and Social Care*

From: The Managers in Partnership Black Members Network

The Managers in Partnership (MiP) Black Members Network represents Black managers and senior leaders across the NHS who are members of MiP. MiP uses the term “Black” in its broad, political and inclusive sense to describe people who share lived experience of racism and structural inequality in the UK. The Network provides a safe and representative forum to raise concerns, inform union policy, and contribute constructively to improving fairness, accountability and inclusion across the health and care system.

The experiences of Black staff across the NHS reveal consistent patterns of inequity, racism and discrimination (especially during period of change) which cannot be separated from the system’s ability to deliver safe, effective and person-centred care. These experiences matter not only because they affect the wellbeing and dignity of Black colleagues, but because they undermine the NHS’s ability to deliver the key ambitions of the 10 Year Health Plan - improving population health, reducing inequalities and strengthening continuity of care.

For months, national leaders have spoken confidently from podiums, rostrums and conference stages about fairness, inclusion, and protection during restructuring. Those words are polished. They sound reassuring. But they bear little resemblance to what staff are actually living through.

Across every region and in every meeting, our members describe the same pattern: discrimination escalating, protection absent, and leadership responses that are performative at best.

The NHS is entering its largest reorganisation in a decade. Yet the staff most exposed to risk are being kept in the dark, left without support and taking the biggest hit.

1. Restructuring is disproportionately hitting Black staff

Our Network has documented, repeatedly, that organisational restructuring continues to disproportionately impact Black staff, including psychological harm, loss of employment opportunities and reduced representation.

Across multiple restructures, members report:

- Black staff losing roles at a higher rate during organisational change
- Senior leadership teams becoming progressively less diverse with each restructure (the new NHS England/DHSC leadership has failed to lead by example thereby unwittingly giving permission for the rest of the system to be ignorant of this issue)
- Significant anxiety following the removal of representational standards, eliminating the only baseline data showing who is being pushed out

This is not anecdotal. National data confirms what members are experiencing.

Only 6.8% of Very Senior Managers are from ethnic minority backgrounds, within a workforce that is 25% ethnic minority (NHSE 2024).

The workforce understands what these figures mean in a restructuring context. Inequality does not pause during period of organisational change, it accelerates.

Losing Black staff, particularly those in community facing, operational and leadership roles, removes essential cultural insight and trust that directly support safe care and effective engagement with underserved populations.

Without baseline workforce data and transparent monitoring during restructuring, there can be no meaningful accountability for the disproportionate impact on Black staff.

2. Islamophobia and hostility are rising, and staff feel unprotected

Across multiple regions and meetings, Black staff have raised serious concerns about escalating hostility and a lack of institutional protection. Members report a marked increase in patient racism, alongside a lack of decisive action.

Reports of Islamophobia, racial hostility and unaddressed discriminatory behaviour are not only workforce issues; they are patient safety issues. Staff who do not feel safe cannot practise confidently, escalate concerns effectively or provide the level of compassionate care that patients deserve. A culture where some forms of hostility are minimised or deprioritised undermines safe clinical decision making, psychological safety, compassionate care and the NHS's ability to deliver equitable, inclusive and trauma informed care.

Members report:

- Islamophobia going unchallenged within NHS organisations
- November's Islamophobia Awareness Month being ignored by major trusts
- Staff being told that showing grief, identity or solidarity, including for Palestine could result in disciplinary action
- Islamophobia training remains limited or unavailable
- Patients refusing treatment from Black clinicians
- Staff too frightened to leave hospitals during far-right activity in London and other regional cities
- Leadership silence where protection should be loud and unequivocal

Silence in these moments is not neutrality; it is endorsement of the status quo.

Staff across England are asking the same questions:

- Why is leadership becoming less diverse every year?
- Why do senior figures talk about inclusion publicly, but fail to intervene when racism escalates internally and externally?

Increasingly, staff perceive an NHS where:

- Public commitments are made for headlines
- Internal decisions reinforce racism, discrimination and inequity

3. System learning

The NHS's experience during COVID-19 highlighted that institutional trust has a measurable impact on health outcomes. Lower vaccine uptake among some Black communities was not driven by reluctance alone, but by longstanding concerns about fairness, discrimination and safety. The way Black staff experience the NHS internally directly influences how Black communities experience the NHS externally. This makes equitable treatment, transparency and psychological safety for Black staff essential for achieving the population health ambitions of the 10 Year Health Plan.

4. Escalating mental health and wellbeing concerns

There is a growing and deeply concerning pattern of unmet mental health and wellbeing needs among Black staff across multiple regions and organisational forums. Members consistently report that these concerns are not being treated with the seriousness or urgency required within NHS organisations. Alarming, reports include serious incidents, such as suicide attempts, that are perceived to have been minimised, inadequately addressed, or effectively ignored.

Members describe a culture in which very senior leaders are seen to prioritise personal and organisational reputation over the safety, dignity, and welfare of individuals. There is a notable absence of robust investigation into the institutional and systemic cultural factors that contribute to such severe outcomes, including workplace environments characterised by exclusion, discrimination, and sustained psychological harm.

The cumulative impact of this failure is profound. Staff report being left without appropriate support, intervention, or safeguarding at times of acute vulnerability, placing individuals at further risk and undermining trust in organisational leadership. This represents not only a serious moral and duty of care failure, but also a significant organisational risk, with implications for workforce retention, staff engagement, patient safety, and regulatory scrutiny.

5. What we need now: action

We are asking for evidence of action.

To protect Black staff and maintain the system's ability to deliver national priorities, we propose the following minimum safeguards to ensure restructuring is safe, equitable and aligned with the ambitions of the 10 Year Health Plan.

We call on the Secretary of State and NHS England CEO to:

- Reinstate representational standards immediately:** Accountability cannot exist in a data vacuum.
- Publish equality impact assessments for all restructuring proposals:** Not summaries. Not narrative assurances. Full, transparent data.

- c. **Issue national guidance protecting staff from discriminatory disciplinary threats:** Especially relating to expressions of identity, grief or solidarity.
- d. **Mandate and enforce patient racism policies:** Be clear that patients who refuse to be treated by a Black clinician will be deemed to be holding racist narratives and beliefs and will be subject to the invoking of the local zero tolerance policy and the full process of the law.
- e. **Protect the mental health and well-being of Black staff:** Issue clear national guidance, supported by robust governance and accountability frameworks, to safeguard and promote the mental health and well-being of Black staff across all NHS organisations. This guidance should set clear expectations on employers to prevent psychological harm, respond appropriately to concerns and demonstrate progress through transparent reporting and measurable outcomes.

We also propose consideration of an appropriately resourced, independent mechanism to review serious concerns relating to mental health harm or systemic inequity, ensuring fairness, transparency and protection from retaliation. It is about ensuring that initiatives translate into meaningful, demonstrable improvements in the lived experience of Black staff.

Staff want to see how the concerns they have spoken up about are being translated into decisions and actions, or they will stop raising them.

6. A final message from our members

Black staff make an essential contribution to the NHS's ability to deliver high quality, compassionate and culturally competent care. Ensuring they are treated equitably and protected during restructuring is therefore fundamental to system resilience and the reduction of health inequalities. We stand ready to work in partnership with national leaders and fellow unions to shape an NHS in which equity is operationally embedded, psychologically safe and visibly modelled, not only stated.

Black staff want leadership that matches language with action. They want to feel safe at work and treated equitably during restructuring and organisational change.

We stand ready to work with you.

Signed,

Managers in Partnership Black Members Network