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Corporate Gaslighting -

Race Recruitment and Denial in the NHS

2021-22 Data Set

(includes some data sets from 2023-24 and 2024-25)

October 2025

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Introduction

This research follows on from a very similar piece of work conducted by the author in 2021 which looked at race and recruitment for the year 1/4/20 to 31/3/21 in the 18 Acute NHS trusts in London.

The Process

The data in this report has been gathered via a Freedom of Information request sent to each trust under the Data Protection Act (2018). The statutory timeframe for FoI request handling is that a response to the request must be provided within 20 working days. Following which, an Internal Review request must also be responded to within 20 working days.

For reasons set out in the 'How the Trusts Responded' section below, the data in this report has taken over 3 years to obtain and this report is, therefore, being published as a data set a considerable time after most of the data was provided. Public bodies can use sections of the FoI act to delay or refuse to provide information. In this case, the following three sections of the act are of relevance:

Section 12	This section states that a public authority does not have to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit. At the time of this request the limit was 18 hours or £450
Section 22	This exemption applies if, at the time the request is received, the public authority is preparing the material requested, definitely intends for it to be published, and it is reasonable not to disclose it until then. The authority does not have to have an identified publication date. This exemption is qualified by the public interest test. The ICO confirmed that public bodies can delay response by 6-12 months when this exemption is applied.
Section 40	This exemption covers the personal data of third parties (anyone other than the requester) where complying with the request would breach any of the principles in the UK GDPR. In this case, Trusts using S40 claimed that the ethnicity of individuals would be identifiable through the public availability of this reporting. This provision is qualified by the public interest test.
Public Interest Test	When considering whether public bodies should disclose information, they need to weigh the public interest in disclosure against the public interest in maintaining the exemption. For example, in applying any of the above sections of the FoI Act, they must bear in mind that the principle behind the Act is to release information unless there is a good reason not to. To justify withholding information, the public interest in maintaining the exemption would have to outweigh the public interest in disclosure. Therefore, in choosing to apply one of the above sections the public body must not only be able to justify the technicality of the exception used but also be able to show that withholding the information is allowable on a public interest basis.

The Request

On 23 June 2022 a Freedom of Information request was made to the 18 acute NHS Trusts in London (Appendix 2). According to the statutory timeframes above, responses should have been received by 25 July and any internal reviews lodged dealt with by the end of August 2022.

No Trust responded within the statutory timeframe. By the end of Summer 2022 14 of the 18 trusts had responded. Unless otherwise specified on Page 9, the data in this report is from June 2021 to May 2022.

How the Trusts Responded

Trust		**Trust**	
Barking, Havering & Redbridge		Kings	
Barts		Kingston	
Chelsea & W London		Lewisham & Greenwich	
Croydon		London North West	
Epsom & St Helier		North Middlesex	
Guy's & St Thomas'		Royal Free	
Hillingdon		St Georges	
Homerton		UCLH	
Imperial		Whittington	

	Provided the data		Provided the data with redactions		Provided the data using different ethnicity categories leading to more significant redaction		Provided the data after ICO complaints and successful GRC appeals.

A note about South West London ICB

All four acute Trusts in South West London ICB refused to provide a response to this data request.

Croydon were generally unresponsive to the request, including follow-up emails and requests for Internal Review.

Kingston, St George's, and Epsom & St Helier all use a joint recruitment hub hosted by Kingston. These three trusts refused to provide the information requested stating to the ICO that:

"Following consultation with the Information Governance team at Kingston Hospital NHS Foundation (KHFT), … it was advised that St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust should provide the same response given by KHFT and apply a Section 22 exemption."

After waiting 12 months for the S22 exemption to expire, the data was once again requested from the trusts who then responded by providing their WRES data which was not what was requested.

Formal complaints regarding Kingston, St George's and Epsom & St Helier were made to the ICO on the basis that they had relied on a S22 exemption and subsequently had not published the data requested as required by that section of the act. In addition, the three trusts appeared to have not retained the data needed to respond to the request. A complaint was also lodged with the ICO regarding Croydon's lack of response.

The trusts subsequently withdrew their reliance on a S22 exemption and cited S12 of the Act, saying that it would take hundreds if not thousands of hours to produce the data. No evidence of this timeframe was provided by the trusts to justify the statement and the ICO did not contact trusts who they knew had produced the data to ascertain whether this was correct. Despite argument and evidence to the contrary being submitted by the researcher, the ICO issued a decision notice in favour of the trusts using a S12 exemption.

The ICO Decision Notices on all four cases were then appealed to the General Regulatory Chamber (Information). The ICO asked the GRC to invite the four trusts to be joined to the case. None of the trusts accepted the GRC invitation. The GRC tribunal hearing in front of a Judge and two Tribunal Members, was held in September 2024. A representative of the ICO did not attend the hearing. I am grateful to Roger Kline, ex Director of WRES at NHSE for his provision of an evidence statement for the tribunal hearing (see Appendix 4).

The GRC found in favour of the appellant and against the ICO stating that:

"Section 22: Three of the Trusts originally cited S22 as an exemption and (later) changed the basis of their refusal to S12. Considering that the data was held for only 400 days this was an egregious position for those Trusts to take" … "this impacted on the credibility of the Trusts"

Section 12: The Tribunal did not agree that the requested information was exempt from disclosure under S12. Neither the Trust nor the Commissioner could rely on that section and to that extent the Commissioner's decision was wrong"

The GRC issued a substituted decision notice stating that:

"The third parties shall within 35 days of being sent this Decision, respond to the Appellant's Part One request for information as detailed below without reliance upon Section 12 of the Freedom of Information Act 2000."

Following the GRC decision in October 2024 the full data was received from Kingston in November 2024. St George's and Epsom & St Helier both provided the data but chose to redact it, citing exemption under S40 of the Act. After initially being advised by the GRC that the next step was to lodge a Contempt of Court application, and doing so, the researcher was then informed that a further complaint should be made to the ICO regarding the appropriateness of relying on S40 to redact the data.

The ICO accepted the complaint and, after a four-month wait, allocated a case manager who contacted both trusts by phone. The unredacted data was then provided. St George's provided the data on 17 July 2025 and Epsom and St Helier on 24 July 2025.

The ICO declined the researcher's request to confirm the content of their conversation with the trusts or issue a Decision Notice regarding the two appeals against the use of a S40 exemption. Their

reasoning was that the trusts had now provided the data. The ICO stated that they ask *"public authorities to consider changing their response and informally resolving a complaint. If it subsequently does so, it would be inappropriate to then penalise that authority."* In the view of the researcher, this approach is not helpful when public authorities such as Epsom & St Helier and St George's incorrectly apply multiple consecutive exemptions under the FoI Act resulting in the data being provided after 3 years rather than the statutory 20 days.

Croydon appeared to have issues within their Freedom of Information team and also did not appear to have sufficient knowledge or experience to use the correct standard reporting in the Trac recruitment system to provide the requested data. Croydon initially responded to the GRC decision on 14 April 2025 by providing data which they later admitted they knew was almost certainly incorrect. The researcher worked with them to obtain reliable data in the correct format, and this was provided on 19 June 2025.

Issues with other trusts

In addition to the above:

UCLH refused to provide the data in the format requested, breaking two categories down at a lower level. The trust also relied on S40 of the FoI act, redacting their data when numbers were equal to or less than 4. As the trust had set out Chinese ethnicity separately from the Asian category and had applied a redaction this led to the higher-level Asian category becoming redacted when the two were totalled. UCLH also split the Unknown category into two categories which also resulted in small enough numbers to cause redaction when totalled.

In relying on S22 to redact the data, the trust acknowledging that a member of the public would not be able to ascertain the ethnicity of an individual from the data requested, but that their own staff, who had access to the Trac recruitment system, would be able to identify individuals.

An Internal Review of the trust decision was requested, the outcome of which was a continued refusal to provide the data in unredacted form and according to categories requested. Unfortunately, the 28 calendar days deadline for appeal to the ICO was missed.

It is noted that UCLH have recently been issued with an Enforcement Notice by the ICO which can be found here: https://ico.org.uk/action-weve-taken/foi-regulatory-action/2025/06/university-college-london-hospitals-nhs-foundation-trust/

Guy's and St Thomas' redacted their data when the numbers were less than or equal to 5[1] and did not respond to an Internal Review request.

It is noted that GST have recently been issued with a practice recommendation from the ICO which can be found here: https://ico.org.uk/action-weve-taken/foi-regulatory-action/2025/07/guys-and-st-thomas-nhs-foundation-trust/

Whittington redacted their data when the numbers were less than or equal to 5.

[1] GST did not state the precise number below which data was redacted. The commonly used number is less than or equal to 5

Barts initially cited a S12 exemption but, following an Internal Review request, they withdrew their reliance on S12 and provided the data for some categories. There were a significant number of categories where Barts said they were unable to respond as they did not hold the data requested.

Impact on the Research Programme

Following publication of the first Corporate Gaslighting report in October 2021, the intention was to undertake this research on an annual basis. Having had no response from Croydon and S22 responses from the three other trusts in SE London ICB, the intention was amended to undertaking the research on a bi-annual basis in order to accommodate their delayed response.

By January 2024 it became clear that the statutory process to address public authorities who did not wish to provide the data was exceptionally slow. The process of ICO complaints, a GRC hearing, Contempt of Court applications to the GRC and then, in the case of St George's and Epsom & St Helier, further ICO complaints to ensure the data was provided enabled the four trusts in SW London ICB to not fully respond until three years after the initial request.

Given the statutory timeframe for response to FoI requests is 20 working days with an additional 20 working days for an Internal Review if requested, it is easy to see how, when public authorities do not wish to provide data, they can weaponise consecutive exemption reasons in the FoI Act to frustrate the process.

Individual Trust Responses

The data for each individual trust and by professional group and ethnicity, with the numbers who Applied, and were Shortlisted and Offered is set out in a separate document available at Citou.com/research-and-resources. The likelihood of Shortlist and Offer from Application are also set out in this document.

Unless otherwise stated in the table on page 9 the data in this report is for the period April 2021 to March 2022.

WRES Data compared with Corporate Gaslighting Data

All AfC Staff 2021-22 (unless indicated)

WRES looks at the likelihood of offer from shortlist for AfC recruitment.

WRES compares two categories of ethnicity:

- BAME
- White

WRES reporting and action planning was introduced in April 2015 (see Appendix 4). Although the categories within the report have evolved in that time, the basic premise of comparing BAME and White staff likelihood of offer from shortlist has not.

WRES does not break the BAME category into Asian, Black, Mixed, and Other categories and, as a result, fails to examine the stark differences in likelihood of offer between candidates of different BAME heritage. These, often significant, differences are set out in the data tables in this report.

In addition, in measuring likelihood of offer from interview, WRES fails to examine the differential likelihood of BAME and White candidates at shortlisting stage. These differences are set out in the data tables in this report.

The above WRES approach eventuates in the experience of applicants of individual Asian, Black, Mixed, and Other heritage being un-quantified. In turn, this results in wholly inadequate and largely ineffective Trust Board reporting which significantly impacts trust action planning in relation to WRES.

As an example: From the data in this report, Epsom and St Helier have an All AfC BAME to White likelihood of offer from shortlist ratio of 1.45 and offer from application of 4.60. However, looking in detail at their data shows that the likelihood when broken down into Asian, Black, Mixed, Other, White and Unknown varies considerably with Black Candidates being more significantly less likely to be offered the from either shortlist or application than is suggested by the BAME to White comparison. In this case, White applicants are 1.86 times more likely than Black applicants to be offered from shortlist and 7.49 times more likely to be offered from application.

Epsom & St Helier		
Ethnicity	**% Likelihood of offer from shortlist**	**% Likelihood of offer from application**
Asian	14.02	1.79
Black	9.79	0.87
Mixed	12.64	1.69
Other	15.81	2.95
White	18.21	6.52
Unknown	20.62	4.45

Comparison Table – WRES Data and Corporate Gaslighting Data

DNA = Did not provide ***UTC = Unable to calculate due to data redaction***

	2022 WRES REPORT DATA (Looks at likelihood of **Offer from Shortlist**)			**CORPORATE GASLIGHTING DATA** All data from 2021-22 unless otherwise stated			
	BAME	**WHITE**	**Offer from shortlist likelihood ratio White & BAME**	**Offer from Application BAME**	**Offer from Application WHITE**	**Offer from shortlist likelihood ratio White & BAME**	**Offer from application likelihood ratio White & BAME**
Barking, Havering and Redbridge	15%	28%	1.96	6.53%	13.12%	1.54	2.01
Barts	23%	34%	1.50	3.67%	10.75%	1.69	2.93
Chelsea and West London	9%	15%	1.72	3.26%	9.11%	1.61	2.80
Croydon (6/24-6/25)	4%	6%	1.43	2.11%	6.36%	1.4	3.02
Epsom & St Helier (11/23- 11/24)	3%	3%	1.04	1.42%	6.52%	1.45	4.60
Guy's & St Thomas'	17%	27%	1.61	UTC	10.04%	UTC	UTC
Hillingdon	21%	31%	1.51	2.49%	9.12%	1.36	3.66
Homerton	16%	22%	1.39	2.46%	4.92%	1.43	2.00
Imperial	11%	17%	1.55	6.53	13.12	1.54	2.01
Kings	4%	5%	1.34	8.79	26.76	1.75	2.43
Kingston (11/23-11/24)	20%	27%	1.38	12.78%	19.73%	1.00	3.04
Lewisham & Greenwich	16%	23%	1.39	5.12%	11.89%	1.38	2.32
London North West	3%	5%	1.33	2.36%	3.88%	1.15	1.65
North Middlesex	37%	43%	1.17	4.20%	5.21%	1.31	1.24
Royal Free (24-25)	27%	35%	1.26	12.04%	19.65%	1.23	1.63
St George's (11/23-11/24)	24%	30%	1.25	0.82%	1.03%	0.88	1.26
UCLH	19%	29%	1.53	UTC	9.5%	UTC	UTC
Whittington	21%	30%	1.42	UTC	5.02%	UTC	UTC

Cross-London Analysis of Key Groups

The below data shows the Cross-London average % likelihood of offer for key professional groups. It also compares the offer rates with those from our 2021 research and highlights whether there has been an improvement or deterioration.

A summary of all likelihood of offer % by trust is available in the Summary document which accompanies this report. A copy of the full data set by trust is also available. These documents can be downloaded at Citou.com/research-and-resources.

	Base Number		Increase/Deterioration		Decrease/Improvement

Agenda for Change – bands 1-8b[2]

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio[3] White applicants cf each ethnicity	Offer Ratio Increase or Decrease from 20-21	2020-21 Report Cross-London Average	2020-21 Offer Ratio White applicants cf each ethnicity
Asian	18	4.2	2.0	0.1	3.3	1.9
Black	18	3.4	2.5	0.6	3.4	1.9
Mixed	18	4.5	1.9	0.2	3.9	1.6
Other	18	4.0	2.1	0.8	4.8	1.3
White	18	8.4	1.0	0.0	6.3	1.0
Unknown	17	12.9	0.6		DNC	

Agenda for Change – band 8c and above

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity	Offer Ratio Increase or Decrease from 20-21	2020-21 Report Cross-London Average	2020-21 Offer Ratio White applicants cf each other ethnicity
Asian	17	2.5	3.3	0.8	2.9	2.6
Black	16	3.4	2.5	0.9	4.8	1.5
Mixed	16	4.3	1.9	-0.7	2.8	2.7
Other	16	5.9	1.4	-13.9	0.5	15.3
White	18	8.4	1.0	0.0	7.5	1.0
Unknown	17	19.0	0.4		DNC	

[2] 2021 figure is for all AfC

[3] Offer Ratio is the number of times an applicant of White ethnicity is more/less likely to be offered than an applicant of A,B,M,O,U ethnicity.

Registered Nurses at Band 5

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity	Offer Ratio Increase or Decrease from 20-21	2020-21 Report Cross-London Average	2020-21 Offer Ratio White applicants cf each other ethnicity
Asian	18	11.2	1.1	-0.1	11.3	1.2
Black	18	3.0	4.3	2.0	5.9	2.4
Mixed	17	4.1	3.1	1.7	9.9	1.4
Other	17	3.3	3.9	2.3	8.3	1.7
White	18	12.8	1.0	0.0	13.9	1.0
Unknown	17	24.3	0.5		DNC	

Registered Nursing at Band 8c and above[4]

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity	Offer Ratio Increase or Decrease from 20-21	2020-21 Report Cross-London Average	2020-21 Offer Ratio White applicants cf each other ethnicity
Asian	15	2.4	5.5	3.0	7.7	2.5
Black	15	21.7	0.6	-1.1	11.0	1.7
Mixed	13	5.8	2.3	0.8	13.2	1.5
Other	11	4.5	2.9	0.8	9.0	2.1
White	14	13.2	1.0	0.0	19.2	1.0
Unknown	10	21.7	0.6		DNC	

Registered Midwives at Band 6[5]

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity
Not Asian	15	11.9	2.3
Black	15	12.3	2.2
Mixed	13	24.3	1.1
Other	13	10.7	2.5
White	16	27.1	1.0
Unknown	11	13.2	2.0

[4] 2021 figure is for 8a and above

[5] Not collected in 2021

All Allied Health Professionals[6]

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity
All Allied Health Professionals			
Asian	18	3.8	3.4
Black	18	3.3	3.9
Mixed	17	5.0	2.6
Other	16	5.4	2.4
White	18	13.1	1.0
Unknown	16	11.5	1.1

All SAS Roles[7]

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity	Offer Ratio Increase or Decrease from 20-21	2020-21 Report Cross-London Average	2020-21 Offer Ratio White applicants cf each other ethnicity
Asian	16	9.6	2.2	-2.6	1.66	4.7
Black	15	8.2	2.5	-4.6	1.09	7.2
Mixed	15	17.6	1.2	-3.2	1.78	4.4
Other	15	18.7	1.1	-3.6	1.67	4.7
White	15	20.8	1.0	0.0	7.84	1.0
Unknown	15	10.8	1.9		DNC	

All Medical Consultant Roles[8]

	Number of useable data points	Cross-London Acute Trust Average of Likelihood Percentages	Offer Ratio White applicants cf each other ethnicity	Offer Ratio Increase or Decrease from 20-21	2020-21 Report Cross-London Average	2020-21 Offer Ratio White applicants cf each other ethnicity
Asian	16	17.4	1.4	-0.2	14.0	1.6
Black	16	15.3	1.6	0.0	13.6	1.6
Mixed	16	13.8	1.8	-0.2	10.9	2.0
Other	16	11.1	2.2	-0.3	8.6	2.5
White	16	24.5	1.0	0.0	22.0	1.0
Unknown	15	31.6	0.8		DNC	

[6] Not collected in 2021
[7] 2021 figure is for All Medical
[8] 2021 figure is for All Permanent Consultants

Annual Spend on Overseas Recruitment of B5 Nurses

In a climate where NHS trusts had significant vacancy rates, the NHSE Capital Nurse programme had set aside a considerable budget to recruit B5 nurses from overseas. The high application and low offer numbers in this report, along with the below data provided as part of the FoI request for this research, appear to be in stark contrast to each other. All data below is from 2021-22 unless otherwise stated in the above table.

DNA = Did not provide ***UTC = Unable to calculate due to data redaction*** ***RTP= Refused to provide***

	NHSE Funding	Additional Trust Expenditure	Total Expenditure	Number Recruited via overseas recruitment campaigns	Overseas Recruitment - Cost per Recruit	% of B5 Nursing applicants to UK adverts who were offered (detailed data tables below)
Barking, Havering and Redbridge	1,339,176	3,027,440	**4,366,616**	**260**	16,795	6.9%
Barts	222,300	RTP[9]	**UTC**	**165**	UTC	2.8%
Chelsea and West London	287,000	1,340,000	**1,627,135**	**135**	12,053	12.3%
Croydon	DNP	DNP	**DNP**	**DNP**	DNP	2.0%
Epsom & St Helier	488,000	1,949,000	**2,437,000**	**253**	9,632	1.2%
Guy's & St Thomas'	DNP	DNP	**DNP**	**DNP**	DNP	UTC
Hillingdon	390,000	2,302,040	**2,692,040**	**130**	20,708	1.4%
Homerton	No Recruitment					2.6%
Imperial	286,825	1,572,552	**1,859,377**	**130**	14,303	6.9%
Kings	1,050,000	835,830	**1,885,830**	**306**	6,163	1.4%
Kingston	0	971,767	**971,767**	**78**	12,459	2.6%
Lewisham and Greenwich	362,261	1,135,199	**1,497,519**	**59**	25,382	3.7%
London North West	280,703	1,050,251	**1,330,954**	**189**	7,042	3.1%
North Middlesex	0	490,200	**490,200**	**57**	8,600	5.2%
Royal Free	61,394	2,471,027	**2,532,421**	**318**	7,964	16.41%
St George's	DNP	DNP	**DNP**	**DNP**	DNP	0.8%
UCLH	DNP	DNP	**DNP**	**DNP**	DNP	11.1%
Whittington	337,812	338,076	**675,888**	**69**	9,795	UTC
TOTAL/AVERAGE	**4,883,171**	**17,483,382**	**22,366,553**	**1,984**	**11,273**	

[9] Barts refused to provide data on trust expenditure on the grounds of commercial sensitivity

Conclusions

Why this research is important

In health and social care, data drives the personalisation and optimisation of clinical treatment plans. By analysing data from various sources, healthcare professionals can make more informed decisions, improve treatment effectiveness, and enhance patient outcomes. This approach is currently enabling the sector to move away from generic care towards individualised and more proactive treatment strategies.

It is, therefore, difficult to understand why support services within the NHS shy away from data driven service development. In many cases, they continue to do what they have always done and expect the result to be different. Evidence suggests that where NHS managers have used data to do things differently, the results can be dramatic improvement within a relatively short period of time.[10]

What the data in this report shows is that, across the board, irrespective of whatever interventions have been made at corporate or team level, significant racism in recruitment continues to demonstrate that the NHS is institutionally racist. It also demonstrates that commitments to anti-racist practice by NHS England and by individual Trust Boards has failed to result in the significant change identified and promised for many years.

Volume of Applicants

Although volume of applicants compared with number of candidates offered the role is not at the heart of this research, it is a significant byproduct of the FoI request. It is evident from this research that all trusts have large volumes of applicants in many recruitment categories and are also making very few offers in those categories.

Most significant is the number of applicants and offers made in the recruitment of Band 5 Registered Nurses. B5 is the starting band for RNs and covers roles which should be suitable for any qualified and registered nurse. Roles which require specialist skills and experience would be graded at Band 6.

The table on page 13 primarily concerns the cost of overseas nurse recruitment but also sets out data on the percentage of applicants offered for B5 RN roles via general advertisement. The highest offer rate calculatable is Royal Free at 16.41% of applicants, the lowest calculatable is 0.8% at St George's.[11]

Significant cost is allocated to overseas recruitment of B5 Nurses by both NHS England and by individual trusts. In these circumstances, it is difficult to understand why so many qualified and registered applicants are being rejected.

[10] See 'Implementing Batch Recruitment to Improve Nursing Offer Rate and Diversity' at Citou.com/research-and-resources

[11] It is important to note that the Trac recruitment system used by all 18 trusts in this research allows the use of 'Killer Questions' which prevent progression to application if a potential candidate is not a qualified Registered Nurse.

Other Issues of Concern

"If there is junk in your attic, you may not have put it there,
but it's your job to clear it up"

John Amaechi

The data in this report raises many other questions such as the role of Boards in monitoring the effectiveness of trust anti-racism work and holding the organisation to account for lack of progress. In turn, the important role of Board highlights, the lack of diversity of knowledge and experience in this area and any significant improvement following the NHSE commitment to ensure greater Board diversity.

However, in addressing the issue of racism in recruitment, the most significant question appears to be that of allyship.

It is difficult to understand how, on either an individual or organisational level, boards (and senior managers) whose trust data is contained in this report can claim to be anti-racist allies.

In particular, it is difficult to understand how the boards of the three trusts in South West London ICB felt it was appropriate for their Directors to jointly agree they would refuse to provide data for this study. Instead, in an attempt to maintain their position, they chose to cite unsustainable exemptions which were overturned on two (Kingston) or three (E&SH, and St George's) occasions by the ICO/GRC.

If the NHS is to provide excellent care to a diverse population it needs to recruit the best talent possible and that means appointment and promotion based on suitability for the role and without bias.

2026 marks the five-year anniversary of the original 'Corporate Gaslighting – Race Recruitment and Denial in the NHS' report. Will next year's 2025-26 data show significant change? The more recent data (ie 2024 – 2025) included in this report from some trusts indicates that there has been little or no improvement since 2020-21. The 2026 report will repeat most of the professional categories in this report, allowing a clear picture of whether there has been an improvement over time.

Eliminating racism in the NHS is the responsibility of us all.
The attic is well overdue for a clear-up.
Let's get on with it!

Acknowledgements

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- Daniel Collard (RMN), Former NHS England EDI manager and Senior Programme Manager Workforce Equality, Temporary Staffing Strategy and National Workforce Insight;
- Roger Kline, Consultant on Workforce Culture, Research Fellow at Middlesex Business School, and ex Director of NHS England Workforce Race Equality Strategy;
- Surash Surash, Neurosurgeon and Former Consultant Neurosurgeon at Neurolex Consulting Ltd;
- Amanda Whitlock, Mental Health and Wellbeing Consultant

A note about the Author

Sheila Cunliffe is a director-level People, OD and EDI professional with over 35 years of experience in the Health, Education, Public and Not for Profit Sectors. She is the Director of Citou Consulting.

Sheila began her independent research into racism in recruitment in the 18 Acute NHS Trusts in London in 2021 having done similar research in-house whilst working for individual trusts.

Sheila's first research report 'Corporate Gaslighting - Race Recruitment and Denial in the NHS' was published in October 2021. The report and associated media coverage can be found at: citou.com/research-and-resources

In 2026 Sheila will be publishing her 'Corporate Gaslighting – 5-years on' report looking at whether there has been change since 2020.

All Sheila's work on this research is carried out on a pro-bono basis.

Appendix 1 - What obligations do trusts have to understand and act on this data?

Public Sector Equality Duty

Each trust has a statutory obligation through the Public Sector Equality Duty (PSED) requiring them to consider, and keep reviewing, how they are promoting equality in recruitment, promotion and performance management of employees in order to:

- put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation
- advance equal opportunities between people who have a protected characteristic and those who do not
- foster good relations between people who have a protected characteristic and those who do not

As highlighted on Page 9 of this document, the robustness of WRES reporting on level of offer from shortlist rather than application; by only two categories of ethnicity (BAME and White); and for one cohort of all staff recruited on AfC contracts is highly questionable in the context of compliance with and the ability to take action on the above aspects of the PSED.

Trust Contract with NHS England

Each NHS Trust has a contractual obligation with NHS England which states that they:

- Must produce annual WRES Reporting for NHS England and for their own Board
- Must produce an annual WRES Action Plan setting out how key issues will be addressed and improvements made.

As mentioned in Roger Kline's Witness Statement to the GRC Tribunal hearing (Appendix 4), in the almost ten years since WRES was introduced, there has been a small amount of expansion of the measures and a greater emphasis on monitoring progress. However, the recruitment data trusts are required to report has stayed the same – a single cohort of AfC staff, two categories of ethnicity, and the measurement of offer from shortlist rather than application.

In our 2021 report[12], we suggested that demonstrable evidence of trusts being anti-racist organisations (eg through the provision of the type of data contained in this report) should be part of CQC Well Lead assessment. To date, this is not the case. For example, in December 2022 the CQC rated Kingston as 'Good' for Well Led despite the data they provided for our previous report showing that they had 418 Black applicants for medical roles in 2020-21 with 0 offers being made (compared with 317 White applicants receiving 50 offers in the same period).

[12] See Citou.com/research-and-resources

Appendix 2 – Freedom of Information Request, June 2022

Under the Freedom of Information Act, please provide me with the following:

Part One

Numbers of Job Applicants, Applicants Shortlisted for Interview, and Applicants Offered a position after interview, by ethnicity and for the following groups of staff, for the period 1 April 2021 to 31 March 2022 (or, if not available, the most recent 12-month period – in which case please state which period the data is for):

1. All AfC Roles at bands 1 – 8b
2. All AfC Roles at 8c and above

3. All Registered Nursing Roles at Band 5
4. All Registered Nursing Roles at Band 8c and above

5. All Registered Midwives at Band 5
6. All Registered Midwives at Band 6

7. All Allied Health Professionals
8. All Occupational Therapists
9. All Physiotherapists
10. All Dieticians
11. All Radiographers

12. All SAS Roles
13. All Medical Consultant Roles

14. All Band 5 Bank Registered Nurse recruitment

Please supply the numbers of candidates (not the %) for the following Ethnicity Descriptors:

- Asian (including Chinese)
- Black
- Mixed (including Arab)
- Other
- White
- Unknown (including do not wish to say)

The above categories mirror the 2021 Census categories, please refer to the attached document setting out these category descriptors if further guidance is needed. If you use Trac please ensure that the Vietnamese, Japanese, Filipino, and Malaysian descriptors are included in the Asian

category. Please note in particular that Chinese is listed as Other on Trac & should be re-classified as Asian in line with the 2021 census categories.

This request is part of a larger research project. In order to avoid transcription errors the format of the data should be sent as an Excel file in the following format:

Ethnicity	**Number of Applicants**	**Number Shortlisted for Interview**	**Number Offered the Position**
Asian			
Black			
Mixed			
Other			
White			
Unknown			

Part 2

Please provide the level of expenditure in the 2021-22 financial year on the recruitment of overseas nurses. To minimise transcription errors, please use the following format and attach as an Excel file.

Number of Nurses Recruited in 21-22	**Funding allocated to the trust for this purpose by NHSEI**	**Cost to the trust (excluding NHSEI funding) of overseas nurse recruitment. This should include all associated expenses such as trust staff costs, Agency costs, flights, accommodation, etc.**	**Total Cost**

I understand that under the Act I am entitled to a response within 20 working days of your receipt of this request.

If you require any clarification, please contact me as soon as possible. If my request is denied in whole or in part, I ask that you justify all deletions by reference to specific exemptions of the act.

Please acknowledge receipt of this request, and I look forward to receiving the information in the near future.

Appendix 3 – GRC Decision Notice, October 2024

Neutral citation number: [2024] UKFTT 00879 (GRC)

Case References: EA/2023/0532 EA/2024/0014 FT/EA/2024/0103 FT/EA/2024/0092

First-tier Tribunal
(General Regulatory Chamber)
Information Rights

Heard by Cloud Video Platform
Heard on: 26th September 2024
Decision given on: 17 October 2024

Before

JUDGE L MOAN
TRIBUNAL MEMBER J MURPHY
TRIBUNAL MEMBER P TAYLOR

Between

SHEILA MARGARET ROBINSON CUNLIFFE

Appellant

and

INFORMATION COMMISSIONER

Respondent

Representation:
For the Appellant: In person
For the Respondent: Did not attend

Decision:

1. The Appeal is Allowed.

2. The Respondent shall provide a copy of this Decision to the four respective NHS Trusts (the third parties) who made the original decisions not to provide the requested information.

Substituted Decision Notice: The third parties shall within 35 days of being sent this Decision, respond to the Appellant's Part One requests for information as detailed below without reliance upon section 12 of the Freedom of Information Act 2000.

Appendix 4 – GRC Evidence Statement (RK)

Roger Kline's email and Evidence Statement to the GRC Hearing (submitted April 2024)

Sheila Cunliffe

From: Roger Kline [redacted]
Sent: 01 April 2024 19:26
To: [redacted]
Cc: Roger Kline
Subject: Evidence statement
Attachments: Evidence statement.doc.final.docx; Evidence statement.doc.final.pdf

Importance: High

Sheila

You have asked me if were able, in my capacity as the designer of the NHS Workforce Race equality Standard and as the first joint national director for that programme (2015-2017), to advise on how onerous it might be for NHS trusts to provide the disaggregated data you have requ4ested.

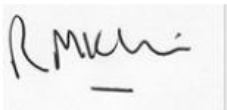
I am surprised that provision of the data you have requested is onerous requiring many hundreds or more hours to manually process the data.

It is a contractual requirement that NHS providers – all NHS Trusts fall into this category – are required to collect and collate such data in order to meet the requirement of the NHS Standard Contract.

If there are known shortcomings in local ESR or TRAC data (the two data sources) then I would expect that to have been reported in their annual WRES submission and in their accompanying Board report if it was sufficient to compromise their annual submission. I have examined many hundreds of such reports and in recent years I cannot recall any such serious qualification being made – though obviously I have not seen all such reports.

Whilst no workforce data system is perfect, there is no reason why any shortcomings would be sufficiently significant to be an obstacle to the provision of the data you request. In my considered opinion such data can and should be made available to you and it is in the public interest that such data is made available.

Yours sincerely



Roger Kline OBE FRSA

Evidence statement

1. I, Roger Kline am a Research Fellow at Middlesex University Business School.

2. I have been asked to advise on the requirement for NHS Trusts to collect and publish workforce race equality data.

3. I was asked in 2014 by the then Chief Executive of NHS England, Sir Simon Stevens, to create a standard for collecting data on the ethnicity of staff employed by the NHS organisations who provide services to the NHS which are regulated by the NHS Standard contract.

4. I subsequently created the Workforce Race Equality Standard which at the time had nine metrics. It has since been expended slightly. I also drafted the Technical Guidance which sets out the requirements for data submission on an annual basis.

5. From 2015-17 I was joint director of the Workforce Race Equality Standard head office team tasked with implementing this standard.

6. The NHS England web site (accessed 28th March 2024) states https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/

   "Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

   The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

   This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

   In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16. From 2017, independent healthcare providers are required to publish their WRES data.

   The first WRES report, was published in June 2016, followed by the 2016 WRES report on 19 April 2017. In the first two years, there have been improvements in some trusts, although a number of organisations still have a long way to go. The 2017 and 2018 WRES data reports showed a trend of continued improvement in a number of areas, but there is still much work to do in some trusts, sectors and parts of the NHS.

   The 2023 WRES data report compares data from previous years to assess trends.
   NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

7. The requirement to provide data is assisted by Technical Guidance which can be found at *https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-technical-guidance/*

8. The Full-length NHS Standard Contract 2022/23 (Particulars, Service Conditions, General Conditions) can be found here: *https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2022-23-particulars-service-conditions-general-conditions/* It states:

The NHS Standard *Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care,*

9. I would be surprised to hear that some NHS Trusts are suggesting that the data they hold is not sufficiently accurate and the TRAC system is so poor that it will take hundreds to thousands of hours for them to manually collate the data requested by Sheila Cunliffe since the data required will already have been collated and submitted to NHS England as a condition of the NHS Standard Contract. The submission to NHS England will have been approved by each local NHS Trust Board. The submission will be entirely drawn from two sources – workforce data collected by TRAC or ESR (metrics 104) – and data drawn from the NHS national staff survey (metrics 5-8) together with a manual report on the ethnicity of the Trust Board.

   The only two shortcomings in the data collected (which would be reported to NHS England) are the proportion of staff who have not self-declared their ethnicity (normally 5% or less) and the shortcomings some Trusts (a small minority) struggle with on metric 4 on "non mandatory training".

10. There should be **no** significant shortcomings in the data collection for the two metrics the data request relates to:

    WRES Indicator 1 - compare the data for white and BME staff: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

    WRES Indicator 2 - compare the data for white and BME staff: Relative likelihood of staff being appointed from shortlisting across all posts This indicator will be based on year-end data

11. The aggregated data on these two metrics is reported in the 2023 Workforce Race Equality Standard report. It contains no qualifications regarding the quality or comprehensiveness of the data.

    The data which I understand has been requested would need to exist in order to for a Trust to be able to collate and submit this data collection.

    This data submission, often supplemented by other data on ethnicity, is additionally, published annually by every NHS Trust.

Public Sector Equality Duty

The Public Sector Equality Duty (PSED, or "the duty"), which applies in Great Britain (England, Scotland and Wales), requires public authorities to have due regard to certain equality considerations when exercising their functions, like making decisions. The Government states: https://www.gov.uk/government/publications/public-sector-equality-duty-guidance-for-public-authorities/public-sector-equality-duty-guidance-for-public-authorities that:

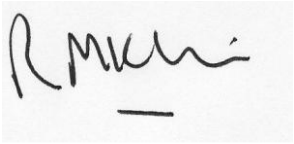
> *The duty is a statutory duty on listed public authorities and other bodies carrying out public functions. It ensures that those organisations consider how their functions will affect people with different protected characteristics. These functions include their policies, programmes, and services. The duty supports good decision-making by helping decision-makers understand how their activities affect different people. It also requires public bodies to monitor the actual impact of the things they do*

> *The general duty requires public authorities, in the exercise of their functions, to have due regard to the need to:*

- *eliminate unlawful discrimination, harassment, victimisation and any other unlawful conduct prohibited by the act*
- *advance equality of opportunity between people who share and people who do not share a relevant protected characteristic*
- *foster good relations between people who share and people who do not share a relevant protected characteristic*

Decision-makers must consider what information they have and what further information may be needed to give proper consideration. The duty asks decision-makers to stop and check the evidence. In equality terms, can you confidently describe the people affected by your decision? Do you know what they think about the subject? Is there data on the demographics of people impacted by your policies or practices? If not, do you know how to get it? Do not forget to assess the equality impact on the people who may have to implement your decision, such as staff or suppliers

NHS Trusts would expect to have sufficient, accurate information on the ethnicity of their workforce to enable them to meet the provisions of the Public Sector Equality Duty and indeed, all would accept that is the case, and accordingly confirm their compliance with this requirement in their published annual Trust Equality Report.



Roger Kline. OBE, FRSA

March 30th 2024