NHS
St George's, Epsom and St Helier
University Hospitals and Health Group

gesh

# Workforce Race Equality Standard (WRES) 2026 Report

Features: 2025 Staff Survey Data and workforce information on 31/03/2026
Published: 30/10/2026

# Workforce Race Equality Standard Report 2026
## Purpose, background and definitions

**Purpose**
- This paper provides an overview of the 2026 Workforce Race Equality Standard (WRES) findings.
- This report will be published on the Trust websites.
- The Board is asked to receive this report for information and approve for publication.

**Background**
- In April 2015, NHS England introduced the WRES in response to consistent findings that BME applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against a number of key indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.
- Since April 2015, the WRES has been included in the full-length NHS Standard Contract and requires all providers of NHS services to address the issue of workforce race inequality by implementing and using the WRES.
- There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from national NHS Staff Survey questions, and one indicator focuses upon BME board representation. The WRES highlights differences between the experience and treatment of White staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
- The WRES is produced in line with Technical Guidance issued by NHS England.
- Indicators 1-3 and 9 are produced via the Electronic Staff Record (ESR) from a snapshot of data taken on 31st March 2026. All other indicators are from the 2025 staff survey.

**Definitions of ethnicity: people covered by the WRES**
- In line with NHSE's WRES Guidance, the term 'BME' and 'white' are used to describe the two groups of staff referred to in this report.
- 'White' staff include white British, Irish, Eastern European and any other white. The 'Black and Minority Ethnic' staff category includes all others except 'unknown' and 'not stated.'
- Further information can be found in *appendix A: Definitions of ethnicity: people covered by the WRES.*

**Overview of Workforce Numbers**

| STG | 2021 | 2022 | 2023 | 2024 | 2025 | **2026** |
|---|---|---|---|---|---|---|
| Total number of staff in organisation | 9,154 | 9,608 | 9,915 | 10,345 | 10,831 | **10,868** |
| % of BME Staff | 47.7% | 50.1% | 51.9% | 53.6% | 54.7% | **55.4%** |
| % of staff who self-reported ethnicity | 96% | 97% | 97% | 97% | 97% | **97%** |

| ESTH | 2021 | 2022 | 2023 | 2024 | 2025 | **2026** |
|---|---|---|---|---|---|---|
| Total number of staff in organisation | 6,150 | 7,092 | 7,190 | 7,410 | 7,326 | **7,284** |
| % of BME Staff | 38.1% | 38.2% | 42.0% | 44.2% | 47.8% | **49.9%** |
| % of staff who self-reported ethnicity | 95% | 91% | 92% | 94% | 97% | **97%** |

# Workforce Race Equality Standard Report 2026

## Indicator Overview

Note: '*Compared to White Staff':* A green cell indicates BME staff report a more positive experience (compared to white staff).

Indicators are classified as Improved, Static or Declined based on the significance of year-on-year change

| WRES Indicator | | STG | | | | | | | ESTH | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2022 | 2023 | 2024 | 2025 | 2026 | vs. LY | Compared to White Staff | 2022 | 2023 | 2024 | 2025 | 2026 | vs. LY | Compared to White Staff |
| **1** | % of BME staff in organisation | 50.1% | 51.9% | 53.6% | 54.7% | **55.4%** | **Increased** | | 38% | 41% | 44.2% | 47.8% | **50%** | **Increased** | |
| **2** | Relative likelihood of White applicants being appointed from shortlisting compared BME applicants | 1.26 | 1.50 | 2.2 | 1.77 | **1.76** | **Static** | | 1.04 | 1.30 | 0.74 | 1.56 | **1.65** | **Static** | |
| **3** | Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff | 1.65 | 1.67 | 1.48 | 1.17 | **1.98** | **Declined** | | 1.20 | 1.45 | 1.04 | 1.36 | **1.48** | **Declined** | |
| **4** | Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff | 0.98 | 0.95 | 0.87 | 0.93 | **0.96** | **Static** | | 1.07 | 0.52 | 1.01 | 1.09 | **1.06** | **Static** | |
| **5** | % of BME staff experiencing harassment, bullying or abuse *from patients, relatives or the public* in the last 12 months. | 23.3% | 27.0% | 25.7% | 25.2% | **25.3%** | **Static** | | 27.5% | 28.3% | 25.5% | 24.8% | **29.2%** | **Declined** | |
| **6** | % of BME staff experiencing harassment bullying or abuse *from staff* in the last 12 months | 25.9% | 27.3% | 26.9% | 28.0% | **25.8%** | **Improved** | | 26.2% | 25.5% | 23.2% | 21.6% | **24.4%** | **Declined** | |
| **7** | % of BME staff believing that organisation provides equal opportunities for career progression or promotion | 42.1% | 43.8% | 44.0% | 45.2% | **45.1%** | **Static** | | 44.7% | 45.9% | 51.6% | 51.0% | **48.3%** | **Declined** | |
| **8** | % of BME staff personally experiencing discrimination at work from *manager/leader/ or other colleagues*. | 16.6% | 16.9% | 15.9% | 16.4% | **15.8%** | **Static** | | 15.8% | 15.8% | 14.7% | 13.4% | **14.1%** | **Static** | |
| **9** | % difference between the board voting membership and its overall BME workforce | -32% | -43% | -35% | -25% | **-22%** | **Improved** | | -10% | -16% | -26% | -26% | **-17%** | **Improved** | |
| | % difference between the board executive membership and its overall BME workforce | -36% | -41% | -41% | -42% | **-55%** | **Declined** | | 0 | -10 | -33% | -35% | **-50%** | **Declined** | |

# Workforce Race Equality Standard 2026
## EDI Action Plan

Our 2025-27 EDI Action Plan and Talent Management Plans continue to provide the framework through which we address workforce race inequalities. The 2026 WRES findings reinforce the priority themes including recruitment, career progression, staff experience, representation and leadership diversity. The six workstreams below, from our 2025-2027 EDI Action Plan, align directly to these recent findings and will continue to be the focus of delivery during 2026/27.

Progress against each of the high-impact actions outlined below continues to be monitored and reported to our Board for ongoing assurance.

- **Leadership Commitment (Action 1):** Supports Board representation gaps of -22% (STG) and-17% (ESTH) at Voting Board level.
- **Inclusive Recruitment & Talent Management (Action 2):** Supports recruitment inequalities (1.76 STG / 1.65 ESTH) and career progression outcomes (45.1% STG / 48.3% ESTH).
- **Eliminating Pay Gaps (Action 3):** Supports ongoing under-representation of BME staff in senior pay bands and leadership roles.
- **Improving Health & Wellbeing (Action 4):** Supports reducing discrimination (15.8% STG / 14.1% ESTH) and improving workforce experience.
- **Supporting Internationally Recruited Staff (Action 5):** Supports inclusion, development and progression of internationally recruited colleagues.
- **Safeguarding our Workforce (Action 6):** Supports reducing harassment, bullying and abuse from colleagues (25.8% STG / 24.4% ESTH) and patients/public (25.3% STG / 29.2% ESTH).



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# Site Report: St George's University Hospitals NHS Foundation Trust

## Workforce Race Equality Standard 2026

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Published: 30/10/2026

# Workforce Race Equality Standard Report 2026

Trust: STG



## Executive summary

All NHS providers are required to complete an annual Workforce Race Equality Standard (WRES) report. The report is based on a snapshot of data from 31st March each year and aims to highlight progress against a number of key indicators of workforce equality, including a specific indicator to address the low numbers of Black, Asian and Minority Ethnic board members across NHS organisations. Data for WRES indicators 5 to 8 are drawn from questions in the NHS staff survey.

In line with national requirements, this report and any associated action plans should be reviewed internally and approved at Board before being published on the organisation's website. The deadline for publication is 31st October 2026.

The key findings and metrics for this report submission are outlined below. Unless indicated, each point is compared to the previous reporting period:

**Improved indicators**

- Three of the ten indicators improved.
- BME workforce representation increased from 54.7% to 55.4%.
- BME staff experiencing harassment, bullying or abuse from colleagues reduced from 28.0% to 25.8%.
- The gap between Voting Board membership and workforce BME representation improved from -25% to -22%.

**Static indicators**

- Five of the ten indicators remained static.
- The likelihood of White applicants being appointed from shortlisting remained unchanged at 1.76.
- Access to non-mandatory training and CPD remained favourable for BME staff (0.93 to 0.96).
- Harassment, bullying or abuse from patients, relatives or the public remained broadly unchanged at 25.3%.
- Staff confidence in equal opportunities for career progression remained broadly unchanged at 45.1%.
- Discrimination from managers, team leaders or colleagues remained broadly unchanged at 15.8%.

**Declined indicators**

- Two of the ten indicators declined.
- BME staff remain over-represented in lower pay bands.
- The likelihood of BME staff entering the formal disciplinary process increased from 1.17 to 1.98.
- The gap between Executive Board membership and workforce BME representation widened from -42% to -55%.

While some progress has been made in workforce representation, colleague experience and Voting Board representation, the 2026 WRES data highlights ongoing challenges in recruitment, disciplinary processes and Executive Board representation. These findings will be used to further refine and target delivery of our group EDI Action Plan and Talent Management Plan, ensuring efforts remain focused on the areas of greatest inequality

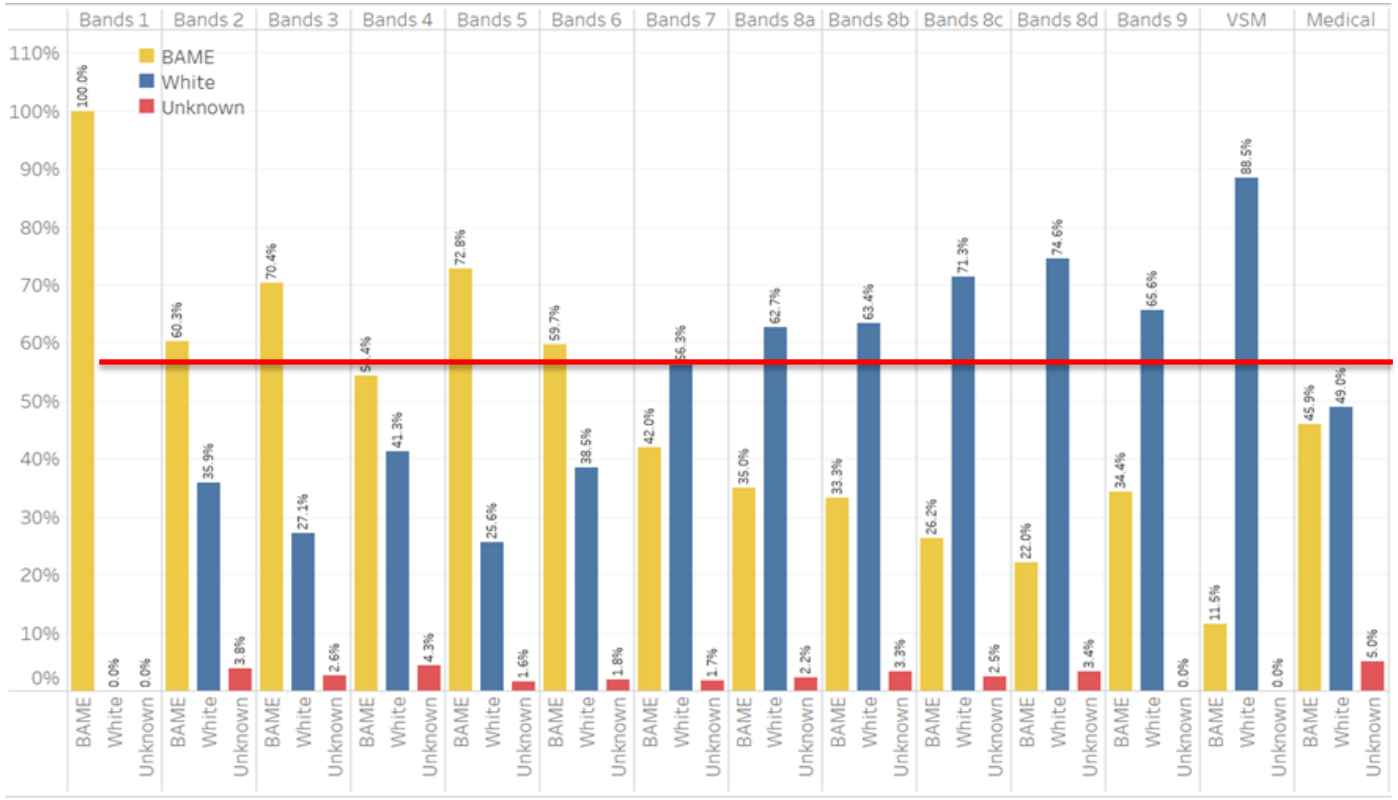
# Workforce Race Equality Standard Report 2026

Trust: STG

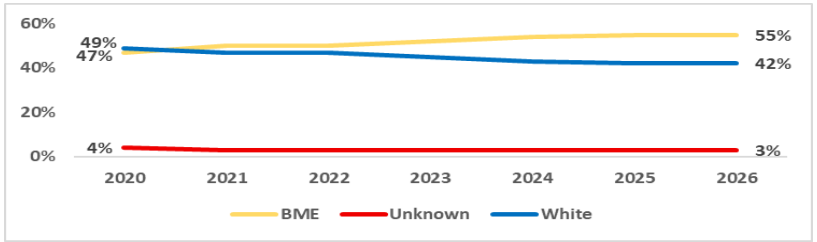


## Indicator 1 *% of staff by AfC pay band and ethnicity*

**Table A: % of Staff in each AFC Band by Ethnicity at St Georges**

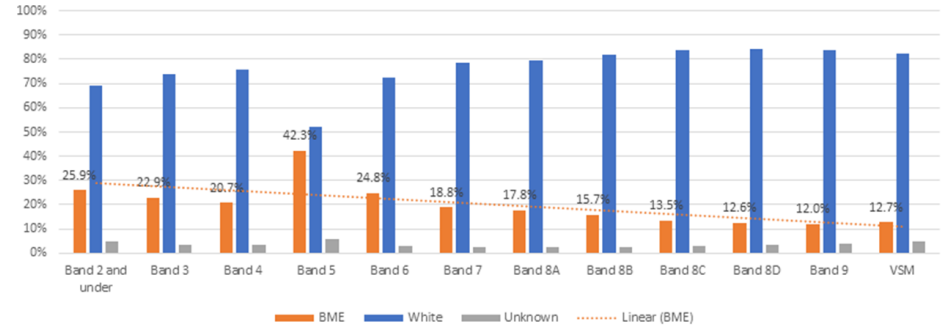



Note: The solid red line indicates the target for St George's to be representative across all AFC pay bands.




- We continue to see an annual increase in our Black, Asian and Minority Ethnic workforce, increasing by 0.7 percentage points from 2025 (54.7%) to 2026 (55.4%).
- Our BME workforce continues to be representative of the local communities we serve.
- BME staff continue to be underrepresented across all mid-senior bands, both in clinical and non-clinical groups.
- This is not unique to St George's and mirrors what we see across NHS trusts nationally (see table A and B).

**Table B: % of Staff in each AFC Band by Ethnicity (National 2024)**



# Workforce Race Equality Standard Report 2026

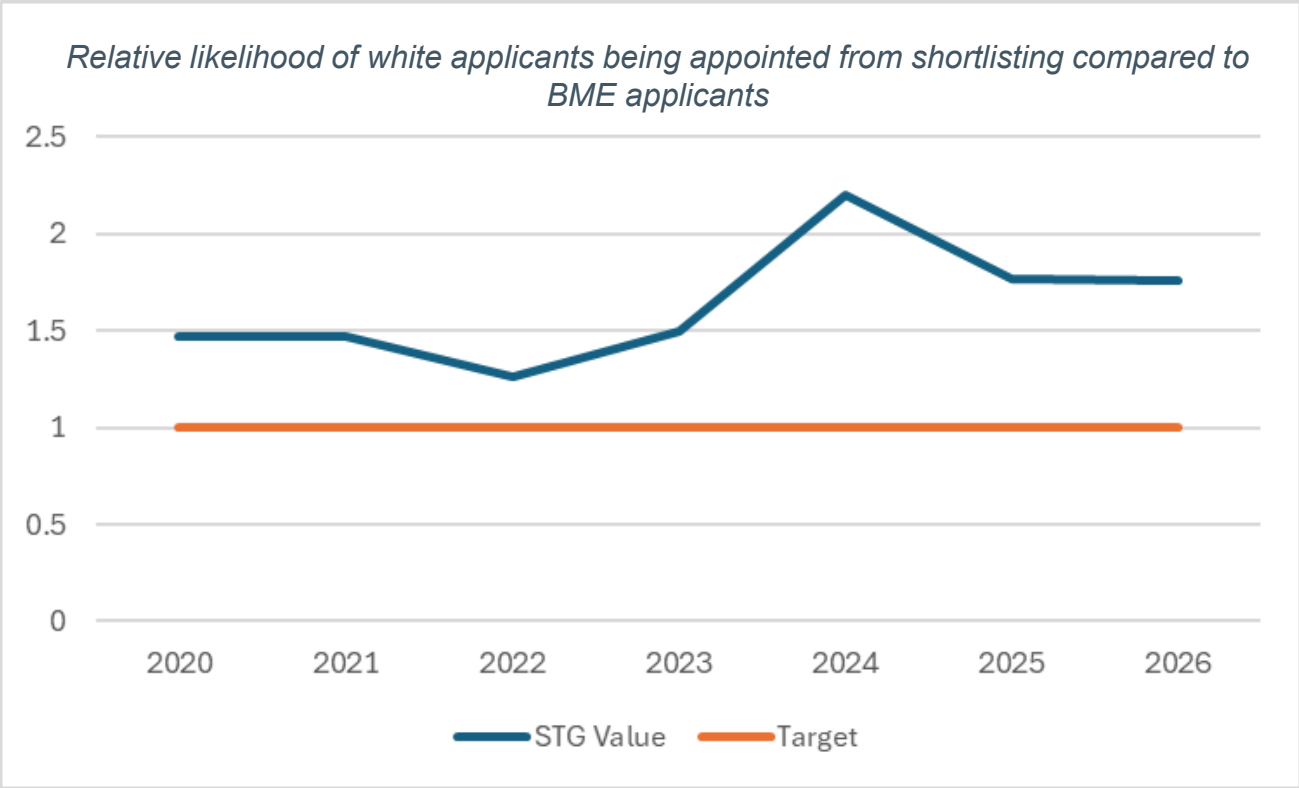
Trust: STG



Indicator 2

*Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants*

- Our 2026 figures show that white applicants at St George's are 1.76 times more likely to be appointed from shortlisting compared Black, Asian and Minority Ethnic (BME) applicants.
- Whilst this remains static from 2025, there is a notable reduction in overall numbers from all communities, this is likely due in part to a reduction in recruitment across the organisation in 2026.
- There were 5166 shortlisted BME candidates, this compares to 2540 white candidates. This means BME candidates made up 64% of our 2026 shortlisted applicants.
- The appointment rate for shortlisted BME candidates experienced a slight decline to 9.8% (506 out of 5166), down from 10.1% (658 out of 6,498) in 2025.
- Within the Medical and Dental, White shortlisted candidates had a 38.1% success rate compared to 10.4% for BME candidates, meaning White applicants were 3.65 times more likely to be appointed.
- If we remove Medical and Dental recruitment, the organisational relative likelihood drops from 1.76 to 1.60




Note: The solid orange line indicates the target relative likelihood of 1.0

| 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| 1.47 | 1.47 | 1.26 | 1.50 | 2.2 | 1.77 | **1.76** |

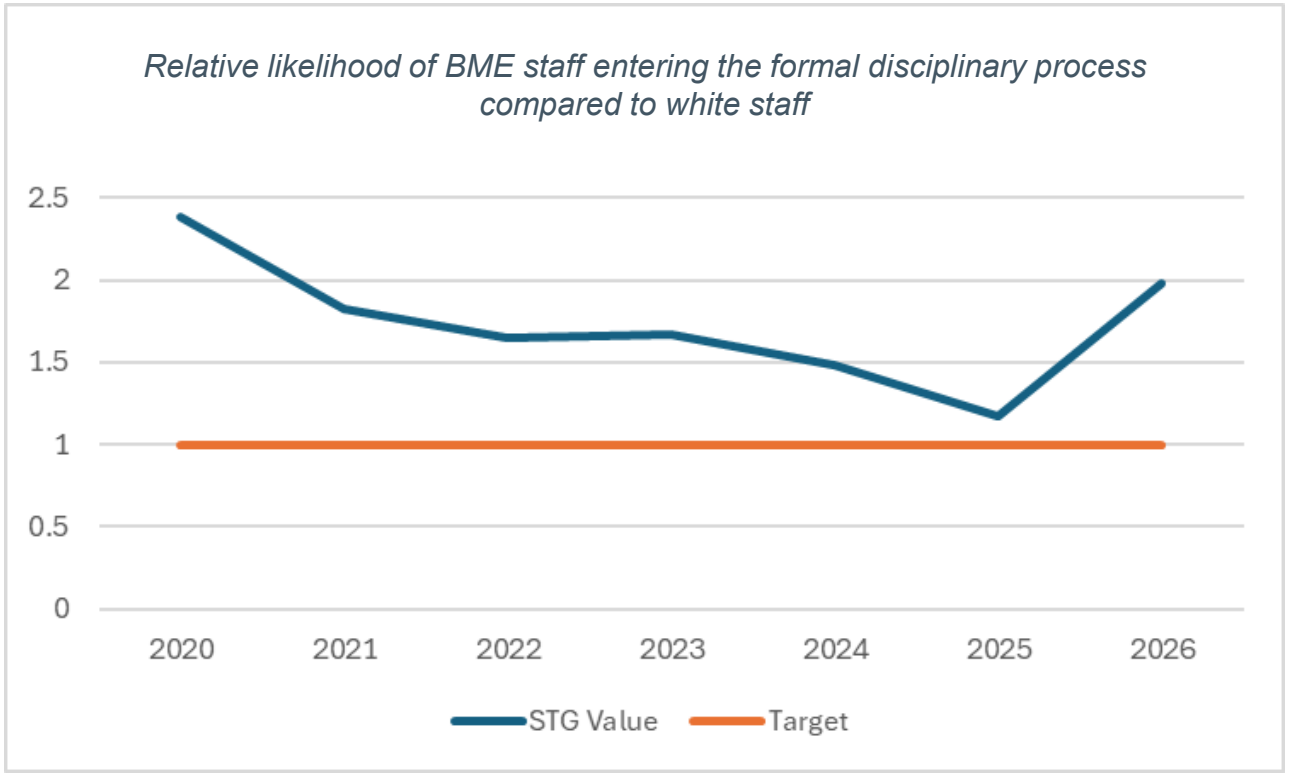
# Workforce Race Equality Standard Report 2026

Trust: STG

## Indicator 3

*Relative likelihood of BME staff entering the formal disciplinary process compared to white staff*

- Our 2026 figures show that BME staff at St George's were 1.98 times more likely than White staff to enter the formal disciplinary process.
- The relative likelihood of BME staff entering the formal disciplinary process increased from 1.17 in 2025 to 1.98 in 2026, indicating a widening disparity between BME and White staff during the reporting period.
- During 2025/26, 42 BME staff members entered the formal disciplinary process compared to 16 White staff members. This is a notable increased from 26 BME staff members in the previous year – white staff remains broadly static compared to the previous year.
- Whilst the overall number of staff entering the disciplinary process remains relatively low in relation to the size of the workforce, the increase in relative likelihood highlights the need for continued monitoring and further analysis to understand the factors contributing to this disparity.




Note: The solid orange line indicates the target relative likelihood of 1.0

| 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| 2.38 | 1.82 | 1.65 | 1.67 | 1.48 | 1.17 | **1.98** |

# Workforce Race Equality Standard Report 2026

## Indicator 4

*Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff*

Access to non-mandatory training and continuing professional development (CPD) remains broadly equitable across ethnic groups at St George's.

In 2026, 32% of BME staff accessed non-mandatory training and CPD, compared to 33% of White staff. The relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was 0.96, compared to 0.93 in 2025, and is therefore considered static.

Following the larger disparity observed in 2024, the difference in access between White and BME staff has remained low for the second consecutive year, with only a 1 percentage point difference between groups reported in 2026.

BME staff continue to show slightly higher levels of access to non-mandatory training and CPD than White staff.

| | 2022 | | | 2023 | | | 2024 | | | 2025 | | | 2026 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | White | BME | Unknown | White | BME | Unknown | White | BME | Unknown | White | BME | Unknown | White | BME | Unknown |
| **Number of staff in workforce** | 4495 | 4817 | 296 | 4486 | 5141 | 288 | 4495 | 5542 | 308 | 4570 | 5929 | 322 | 4549 | 6016 | 303 |
| **Number of staff accessing non-mandatory training and CPD** | 1324 | 1444 | 62 | 1222 | 1478 | 63 | 1300 | 1863 | 81 | 1577 | 2181 | 80 | 1475 | 2034 | 75 |
| **Likelihood of staff accessing non-mandatory training and CPD** | 29% | 30% | 21% | 27% | 29% | 22% | 29% | 34% | 26% | 35% | 37% | 24% | 33% | 32% | 24% |
| **Relative likelihood of white staff accessing compared to BME staff** | **0.98** | | | **0.95** | | | **0.87** | | | **0.93** | | | **0.96** | | |

# Workforce Race Equality Standard Report 2026

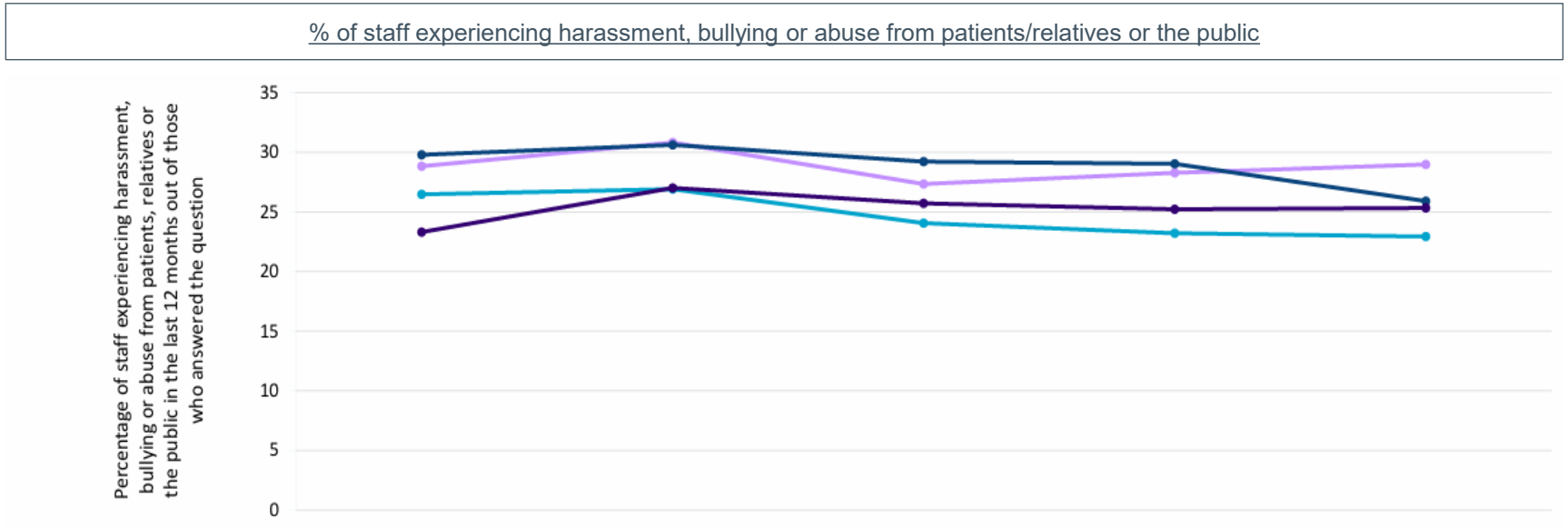
Trust: STG



## Indicator 5

*% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*

- In our 2025 Staff Survey, 25.3% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or members of the public, compared with 25.9% of White staff.
- The percentage of BME staff reporting harassment, bullying or abuse from patients, relatives or the public has remained broadly static compared to the previous year (25.2% to 25.3%).
- The percentage of White staff reporting harassment, bullying or abuse from patients, relatives or the public reduced from 29.0% in 2024 to 25.9% in 2025.
- The gap between White and BME staff reduced from 3.8 percentage points in 2024 to 0.6 percentage points in 2025, representing the smallest disparity reported over the last five years.




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| White staff: Your org | 29.79% | 30.62% | 29.22% | 29.03% | 25.90% |
| All other ethnic groups*: Your org | 23.30% | 27.01% | 25.72% | 25.22% | 25.32% |
| White staff: Average | 26.47% | 26.91% | 24.05% | 23.21% | 22.93% |
| All other ethnic groups*: Average | 28.84% | 30.82% | 27.34% | 28.27% | 28.98% |
| White staff: Responses | 2484 | 2296 | 1832 | 2329 | 2185 |
| All other ethnic groups*: Responses | 2034 | 2025 | 1552 | 2343 | 2176 |

*Staff from all other ethnic groups combined

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard Report 2026

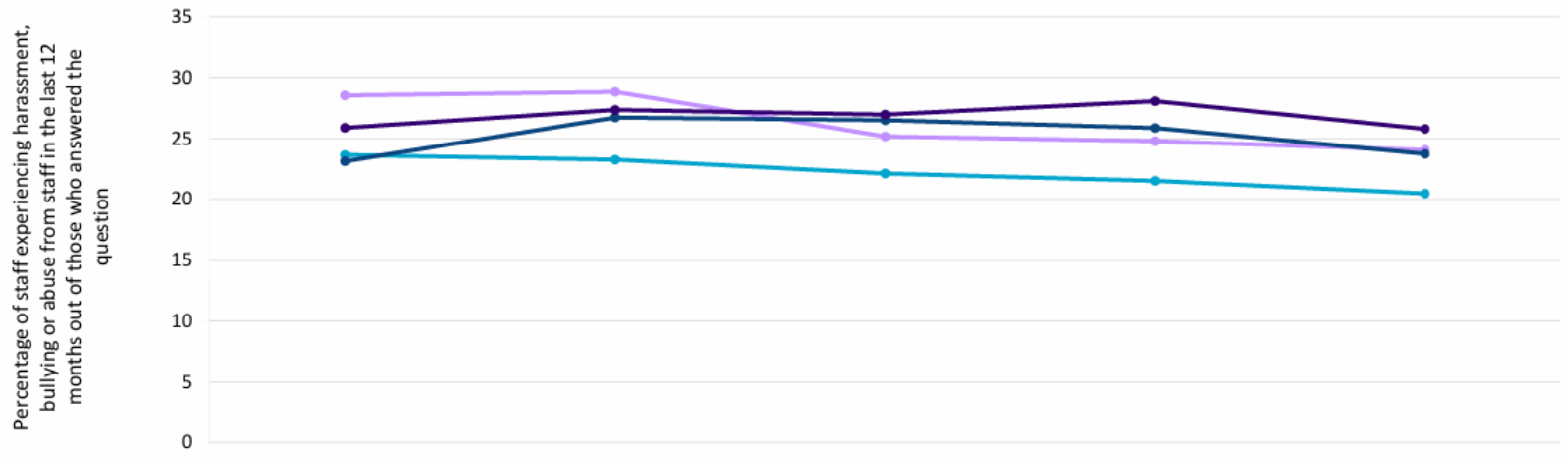


## Indicator 6

*% of staff experiencing harassment, bullying or abuse from staff in the last 12 months*

- In 2025, 25.78% of BME staff reported experiencing harassment, bullying or abuse from staff, compared with 23.7% of White staff.
- The percentage of BME staff reporting harassment, bullying or abuse from staff reduced from 28.1% in 2024 to 25.78% in 2025, representing a reduction of 2.3 percentage points.
- The percentage of White staff reporting harassment, bullying or abuse from staff also reduced from 25.9% in 2024 to 23.7% in 2025, representing a reduction of 2.1 percentage points.
- The Trust's result for BME staff (25.8%) remains above the national average for staff from all other ethnic groups (24.1%).

% of staff experiencing harassment, bullying or abuse from staff




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| White staff: Your org | 23.14% | 26.71% | 26.49% | 25.85% | 23.73% |
| All other ethnic groups*: Your org | 25.87% | 27.34% | 26.94% | 28.05% | 25.78% |
| White staff: Average | 23.65% | 23.25% | 22.12% | 21.53% | 20.48% |
| All other ethnic groups*: Average | 28.53% | 28.81% | 25.16% | 24.78% | 24.06% |
| White staff: Responses | 2494 | 2295 | 1832 | 2329 | 2187 |
| All other ethnic groups*: Responses | 2041 | 2030 | 1546 | 2328 | 2161 |

*Staff from all other ethnic groups combined

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard 2026

Trust: STG



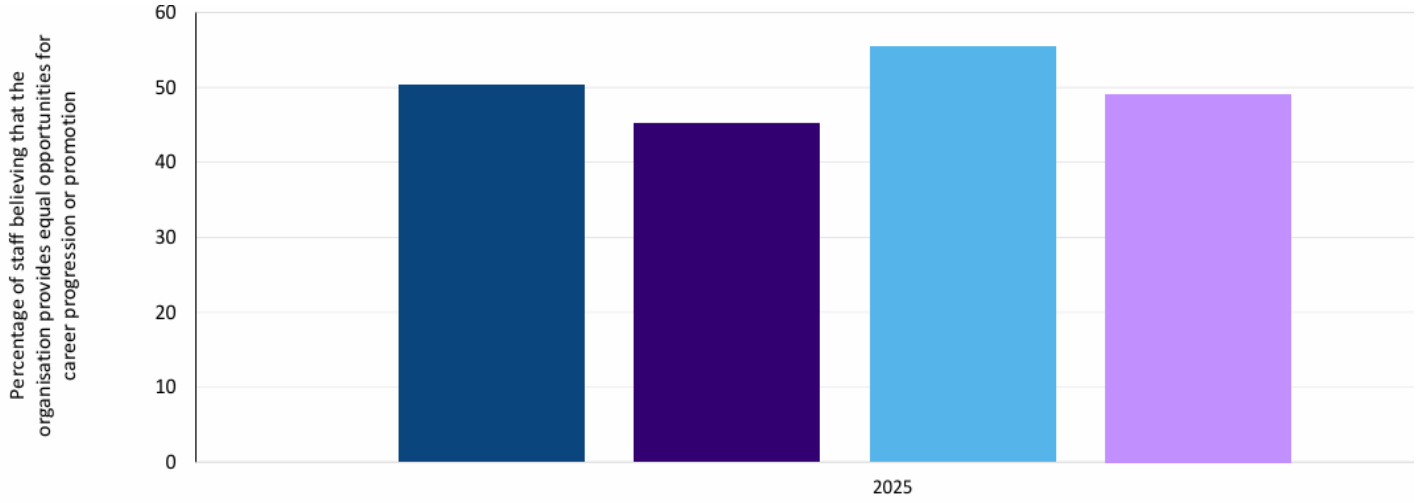
## Indicator 7

*% of staff believing that trust provides equal opportunities for career progression or promotion*

- In 2025, 45.1% of BME staff reported that they believe the organisation provides equal opportunities for career progression or promotion.
- The percentage of BME staff reporting positively on equal opportunities for career progression has remained broadly static* compared to the previous year (45.2% in 2024 compared to 45.1% in 2025).
- Among White staff, 50.3% reported that they believe the organisation provides equal opportunities for career progression or promotion.
- White staff continue to report a more positive experience of career progression opportunities than BME staff, with a gap of approximately 5.2 percentage points between the two groups.
- Both White and BME staff at St George's continue to report lower levels of confidence in career progression opportunities than the national benchmark for their respective groups (55.5% for White staff and 49.1% for BME staff).

*Due to changes in the question wording in 2025, previous years' results as not directly comparable.

% of staff believing that trust provides equal opportunities for career progression or promotion




| | |
|---|---|
| White staff: Your org | 50.30% |
| All other ethnic groups*: Your org | 45.11% |
| White staff: Average | 55.46% |
| All other ethnic groups*: Average | 49.11% |
| White staff: Responses | 2181 |
| All other ethnic groups*: Responses | 2166 |

*Staff from all other ethnic groups combined.

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard Report 2026

Trust: STG

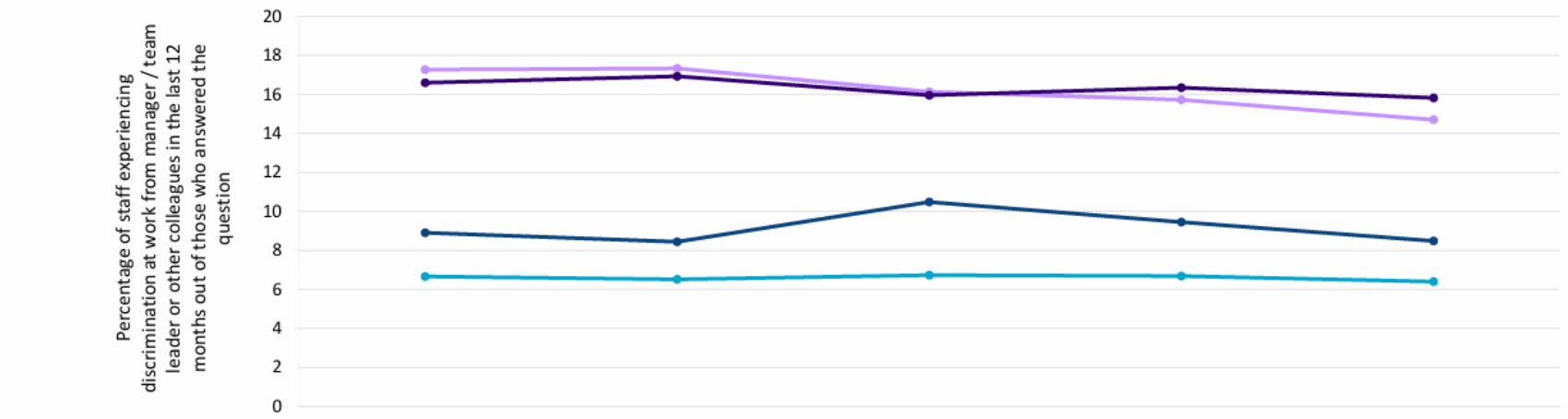


## Indicator 8

*% of staff that personally experienced discrimination at work from a manager or colleagues*

- In 2025, 15.8% of BME staff reported experiencing discrimination at work from a manager, team leader or colleague, compared to 8.5% of White staff.
- The percentage of BME staff reporting discrimination decreased from 16.3% in 2024 to 15.8% in 2025.
- For White staff, the percentage reporting discrimination reduced from 9.4% in 2024 to 8.5% in 2025, continuing the downward trend seen over recent years.
- Both White and BME staff at St George's report higher levels of discrimination than the national benchmark for their respective groups.

% of staff that personally experienced discrimination at work from a manager or colleagues




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| White staff: Your org | 8.91% | 8.45% | 10.48% | 9.45% | 8.49% |
| All other ethnic groups*: Your org | 16.60% | 16.93% | 15.96% | 16.35% | 15.82% |
| White staff: Average | 6.67% | 6.52% | 6.73% | 6.69% | 6.40% |
| All other ethnic groups*: Average | 17.28% | 17.33% | 16.14% | 15.72% | 14.70% |
| White staff: Responses | 2560 | 2297 | 1898 | 2306 | 2179 |
| All other ethnic groups*: Responses | 2102 | 2020 | 1654 | 2330 | 2149 |

*Staff from all other ethnic groups combined

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard Report 2026



## Indicator 9

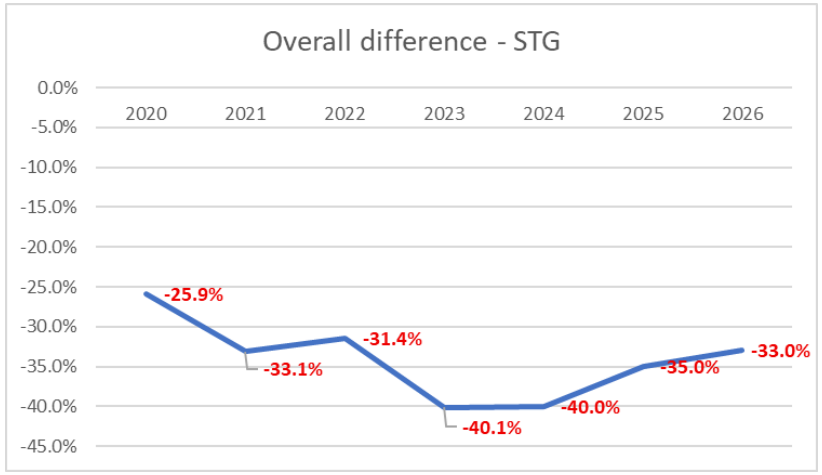
*% of board members by ethnicity compared to BME workforce*

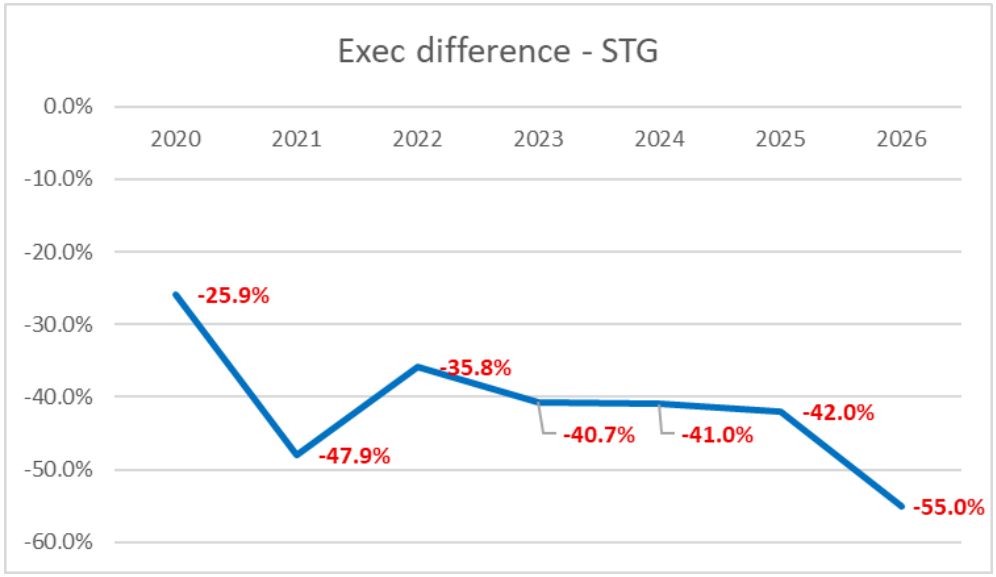
As at 31 March 2026, the Trust Board comprised 18 members, four of whom identify as Black, Asian and Minority Ethnic (BME).

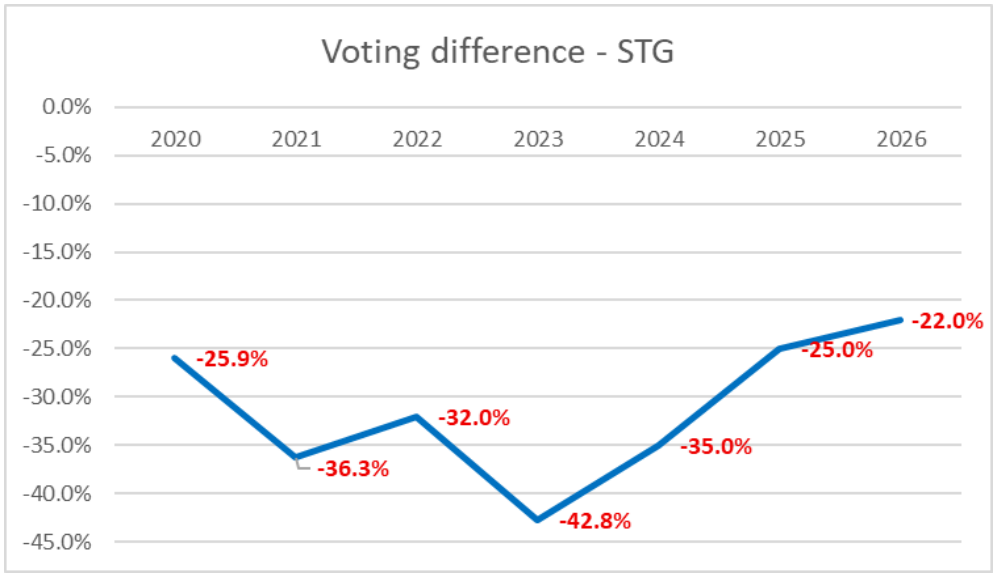
All four BME Board members were Non-Executive Directors. The Voting Board comprised nine members, including six Non-Executive Directors and three Executive Directors. Three Voting Board members identify as BME, resulting in a difference of -33% between overall Board representation and the Trust's BME workforce, -22% at Voting Board level and -55% at Executive Board level.

Whilst BME representation at Voting Board level has improved compared to 2025, Executive Board representation remains disproportionately low relative to the workforce profile.

Since the 31 March 2026 reporting snapshot, further progress has been made to increase Board diversity across the Group. The impact of these changes will be reflected in future WRES reports.



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# Site Report: Epsom and St Helier University Hospitals NHS Trust

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Trust: ESTH

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In line with national requirements, this report and any associated action plans should be reviewed internally and approved at Board before being published on the organisation's website. The deadline for publication is 31st October 2026.

The key findings and metrics for this report submission are outlined below. Unless indicated, each point is compared to the previous reporting period:

**Improved indicators**

- We saw an improvement in one of our ten indicators.
- BME workforce representation increased from 47.8% to 50.0%.
- The gap between Voting Board membership and workforce BME representation improved from -26% to -17%.

**Static indicators**

- Three of the ten indicators remained broadly static.
- The likelihood of White applicants being appointed from shortlisting remained broadly unchanged at 1.65.
- Access to non-mandatory training and CPD remained broadly unchanged at 1.06.
- Discrimination from managers, team leaders or colleagues remained broadly unchanged at 14.1%.

**Declined indicators**

- We saw a declined in six of the ten indicators.
- BME staff remain over-represented in lower pay bands.
- The likelihood of BME staff entering the formal disciplinary process increased from 1.36 to 1.48.
- Harassment, bullying or abuse from patients, relatives or the public increased from 24.8% to 29.2%.
- Harassment, bullying or abuse from colleagues increased from 21.6% to 24.4%.
- Staff confidence in equal opportunities for career progression reduced from 51.0% to 48.3%.
- The gap between Executive Board membership and workforce BME representation widened from -35% to -50%.

Whilst workforce diversity and Voting Board representation have improved, the 2026 WRES data indicates continuing inequalities across recruitment, staff experience, career progression and Executive Board representation. These findings will help shape the ongoing delivery of the Trust's existing EDI Action Plan and Talent Management Plan, ensuring actions remain focused on the areas where the greatest improvements are needed

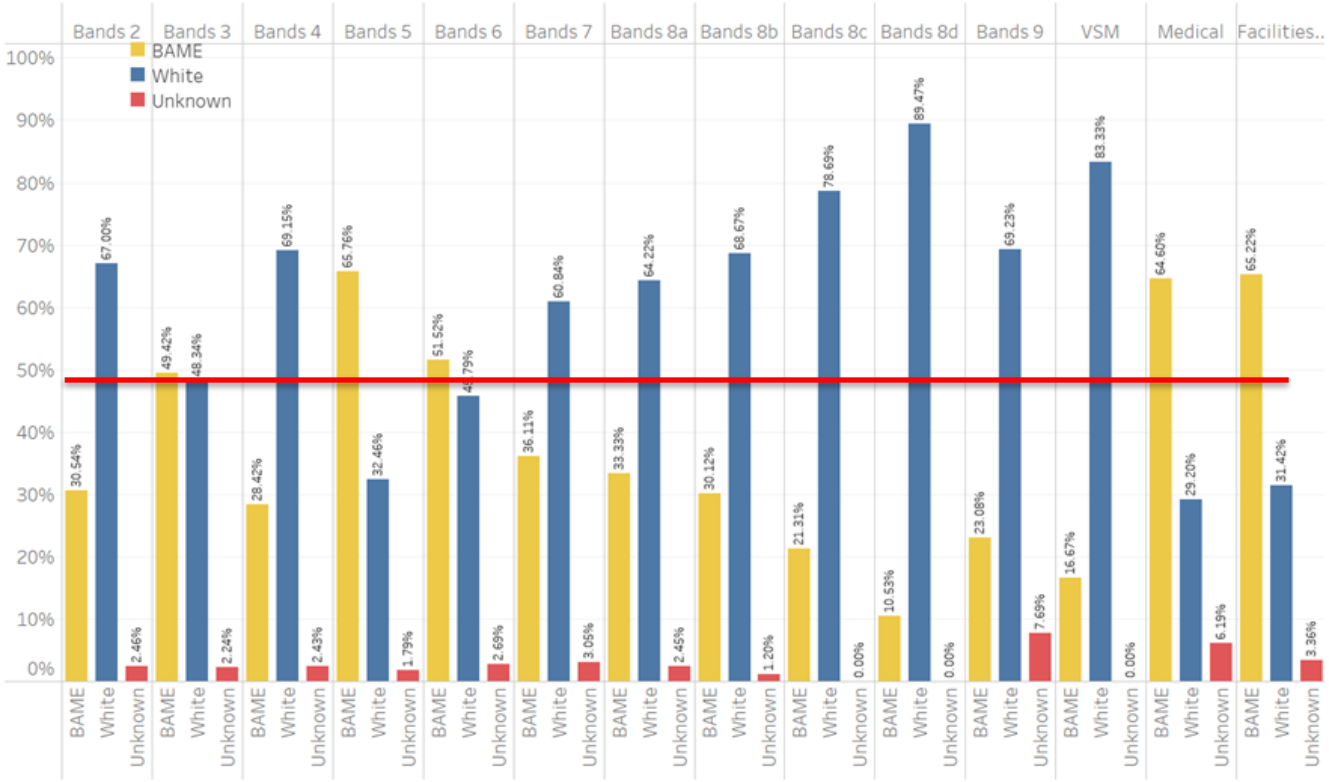
# Workforce Race Equality Standard Report 2026

## Indicator 1 *% of staff by AfC pay band and ethnicity*

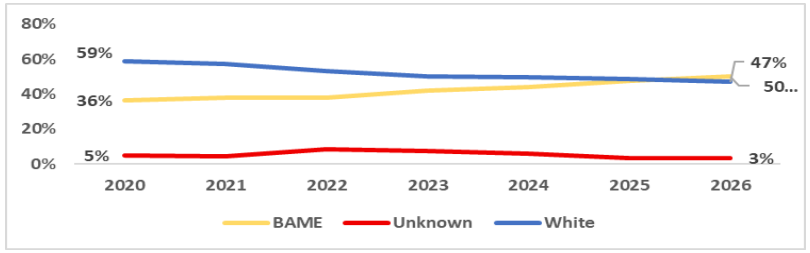
Trust: ESTH



**Table A: % of Staff in each AFC Band by Ethnicity**

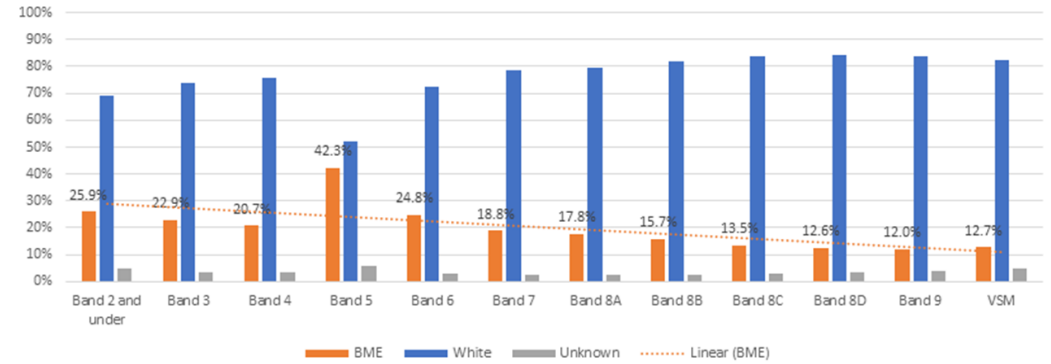



Note: The solid red line indicates the target for the Trust to be representative across all AFC pay bands.




- Our Black, Asian and Minority Ethnic (BME) workforce has increased year on year since 2020 and continues to be representative of the local communities we serve.
- For this reporting year, we see an increase of +2.2 percentage points in indicator 1. This is approximately an increase of 139 BME members of staff compared to the previous year.
- For the second consecutive year, our BME workforce remains lower than the London average. Whilst we see a continued annual increase across the workforce, our workforce data still highlights that Black, Asian and Minority Ethnic staff are over-represented in lower bands and under-represented in higher bands
- This is not unique to ESTH and mirrors what we see across NHS trusts nationally (see table A and B).

**Table B: % of Staff in each AFC Band by Ethnicity (National 2024)**



# Workforce Race Equality Standard Report 2026

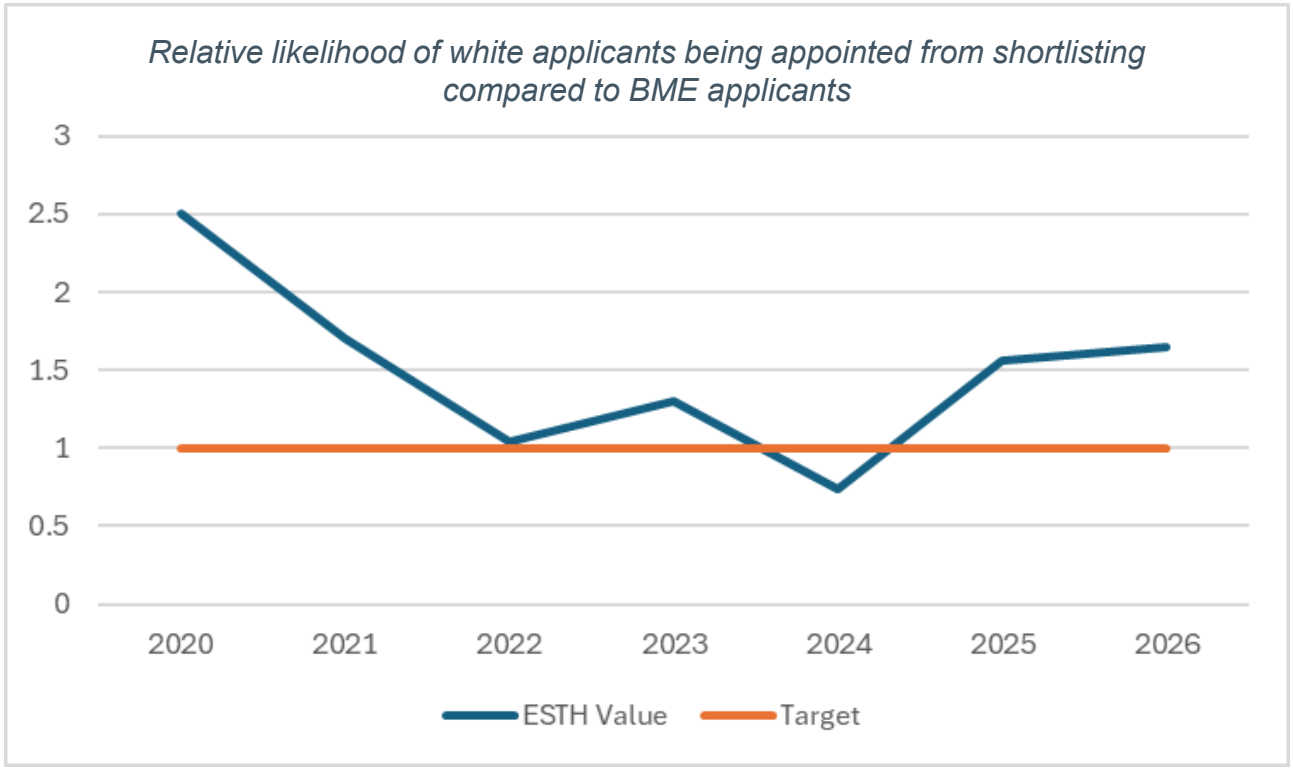
Trust: ESTH



## Indicator 2

*Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants*

- Our 2026 figures show that White applicants at ESTH were 1.65 times more likely to be appointed from shortlisting than Black, Asian and Minority Ethnic (BME) applicants. This is a slight increase compared to 2025 (1.56).
- Of the 4,006 shortlisted BME applicants, 380 were appointed, representing an appointment rate of 9.5%.
- Of the 1,818 shortlisted White applicants, 286 were appointed, representing an appointment rate of 15.7%.
- For applicants who did not disclose their ethnicity, 34 of 255 shortlisted applicants were appointed, representing an appointment rate of 13.3%.
- Whilst appointment rates remain higher for White applicants than BME applicants, the relative likelihood has remained broadly unchanged compared to the previous reporting period.
- Within the Medical and Dental, there is a more equitable relative likelihood – with White applicants 0.98 times more likely to be appointed.
- If we remove Medical and Dental recruitment, the organisational relative likelihood increased from 1.65 to 1.71




Note: The solid orange line indicates the target relative likelihood of 1.0

| 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| 2.50 | 1.70 | 1.04 | 1.30 | 0.74 | 1.56 | **1.65** |

# Workforce Race Equality Standard Report 2026

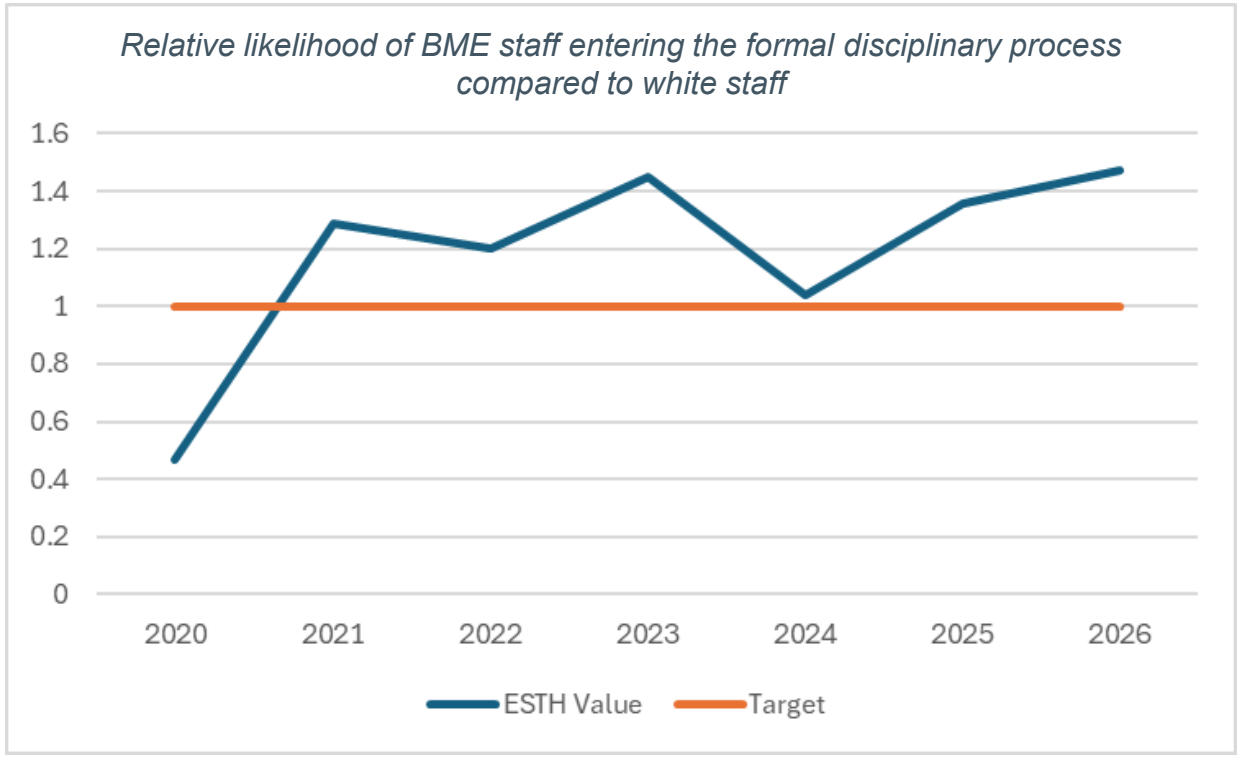
Trust: ESTH



## Indicator 3

*Relative likelihood of BME staff entering the formal disciplinary process compared to white staff*

- Our 2026 figures show that BME staff at Epsom and St Helier were 1.47 times more likely than White staff to enter the formal disciplinary process.
- The relative likelihood of BME staff entering the formal disciplinary process increased from 1.36 in 2025 to 1.47 in 2026, indicating a widening disparity between BME and White staff during the reporting period.
- During 2025/26, 33 BME staff members entered the formal disciplinary process compared with 21 White staff members. This is a notable increase from 16 BME staff members, and 12 White staff in the previous year.
- Whilst the overall number of staff entering the disciplinary process remains relatively low in relation to the size of the workforce, the increase in relative likelihood highlights the need for continued monitoring and further analysis to understand the factors contributing to this disparity.




Note: The solid orange line indicates the target relative likelihood of 1.0

| 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| 0.47 | 1.29 | 1.20 | 1.45 | 1.04 | 1.36 | **1.47** |

# Workforce Race Equality Standard Report 2026

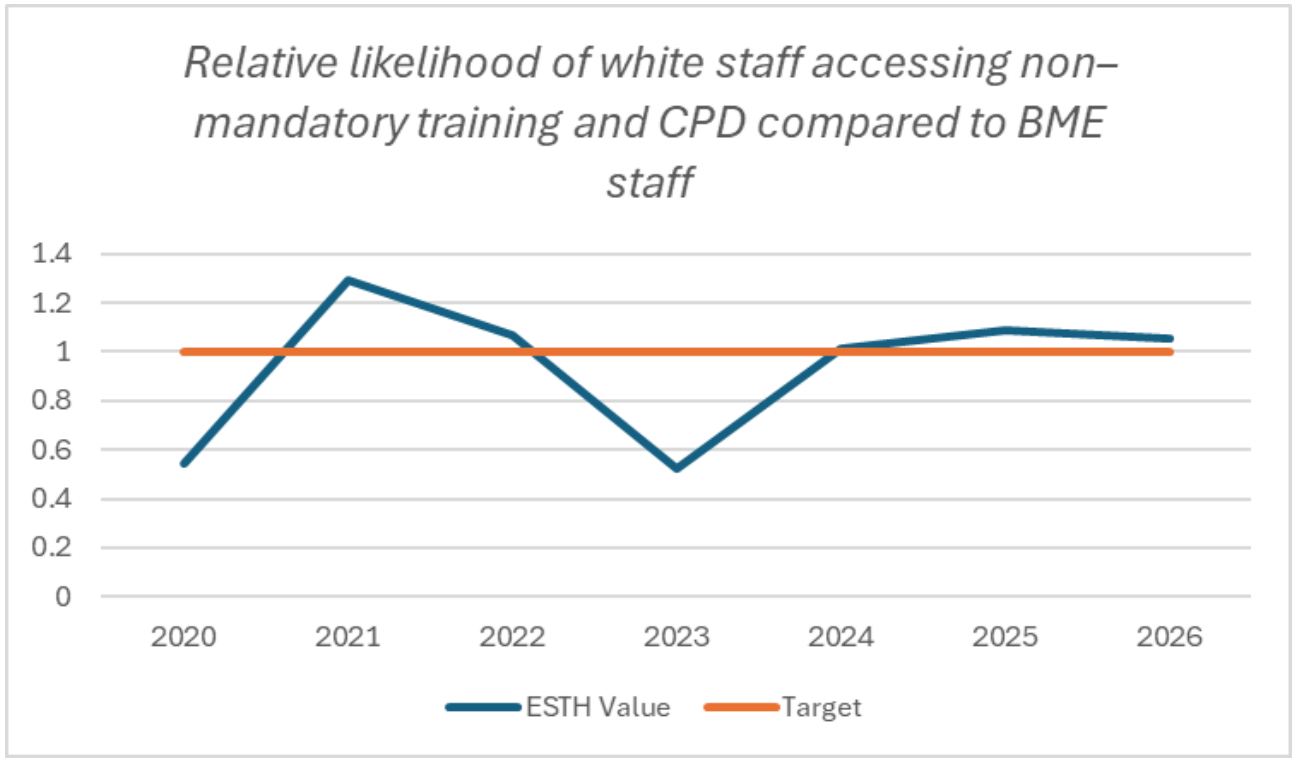
Trust: ESTH



## Indicator 4

*Relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff*

- In 2026, the relative likelihood of White staff accessing non-mandatory training and continuing professional development (CPD), compared to BME staff, was 1.06. This is a slight decreased from 1.09 in the previous year.
- During 2025/26, 175 BME staff and 174 White staff accessed non-mandatory training and CPD.
- The likelihood of BME staff accessing non-mandatory training and CPD was 4.8%, compared with 5.1% for White staff.
- The disparity in access to non-mandatory training and CPD remains small, with a difference of approximately 0.3 percentage points between White and BME staff.
- Overall, access to non-mandatory training and CPD remains broadly equitable across both groups.




Note: The solid green line indicates the target relative likelihood of 1.0

| 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| 0.54 | 1.29 | 1.07 | 0.52 | 1.01 | 1.09 | **1.06** |

# Workforce Race Equality Standard Report 2026

Trust: ESTH

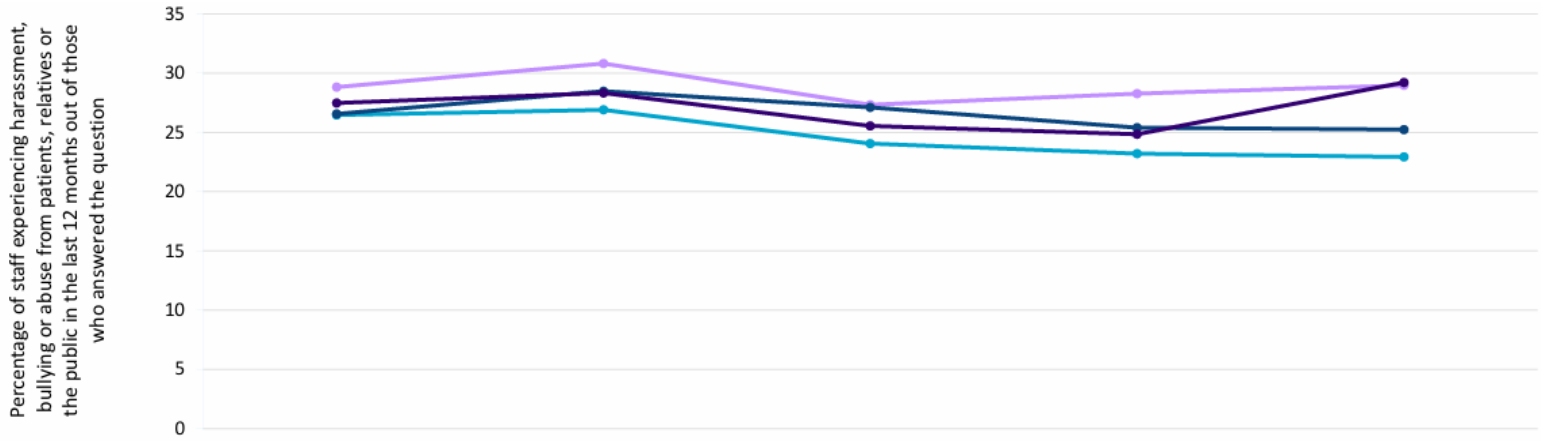


## Indicator 5

*% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*

- In 2025, 29.2% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or members of the public, compared with 25.2% of White staff.
- The percentage of BME staff reporting harassment, bullying or abuse increased from 24.9% in 2024 to 29.2% in 2025, representing an increase of 4.4 percentage points.
- The percentage of White staff reporting harassment, bullying or abuse remained broadly static, reducing slightly from 25.4% in 2024 to 25.2% in 2025.
- This represents a reversal of the position reported in 2024, with BME staff now reporting higher levels of harassment, bullying or abuse from patients, relatives or members of the public than White staff.
- The Trust's result for BME staff (29.2%) is broadly in line with the national average for staff from all other ethnic groups (29.0%).

% of staff experiencing harassment, bullying or abuse from patients/relatives or the public




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| White staff: Your org | 26.57% | 28.48% | 27.12% | 25.41% | 25.24% |
| All other ethnic groups*: Your org | 27.49% | 28.33% | 25.55% | 24.85% | 29.22% |
| White staff: Average | 26.47% | 26.91% | 24.05% | 23.21% | 22.93% |
| All other ethnic groups*: Average | 28.84% | 30.82% | 27.34% | 28.27% | 28.98% |
| White staff: Responses | 2401 | 2117 | 1965 | 2125 | 1858 |
| All other ethnic groups*: Responses | 1197 | 1253 | 1237 | 1638 | 1492 |

*Staff from all other ethnic groups combined

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

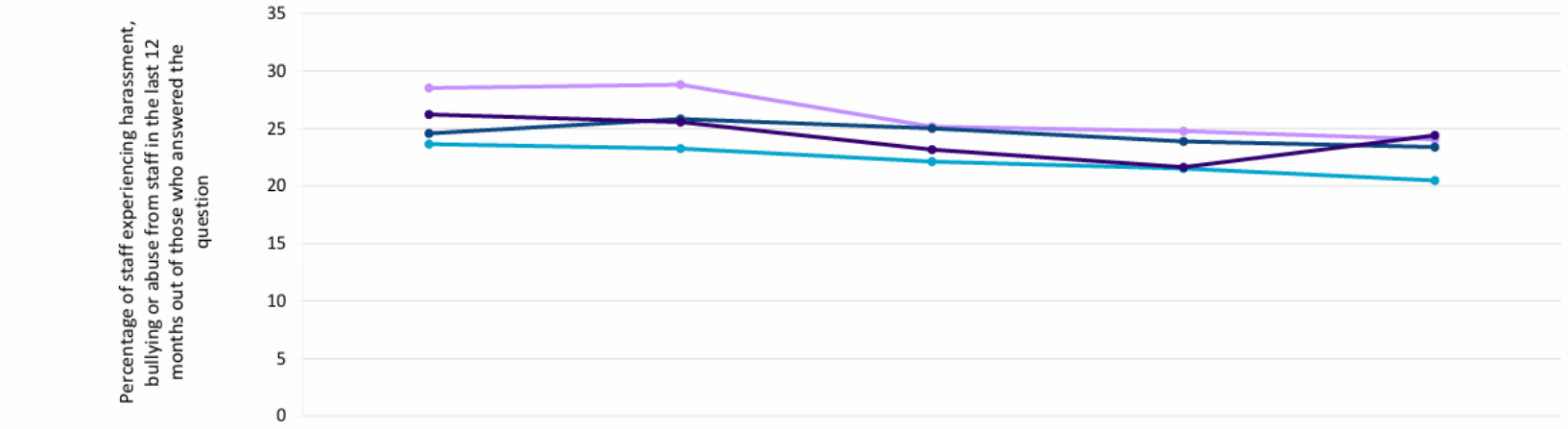
# Workforce Race Equality Standard Report 2026

## Indicator 6

*% of staff experiencing harassment, bullying or abuse from staff in the last 12 months*

- In 2025, 24.4% of BME staff reported experiencing harassment, bullying or abuse from staff, compared with 23.4% of White staff.
- The percentage of BME staff experiencing harassment, bullying or abuse from staff increased from 21.6% in 2024 to 24.4% in 2025, representing an increase of 2.8 percentage points.
- The percentage of White staff experiencing harassment, bullying or abuse from staff reduced slightly from 23.9% in 2024 to 23.4% in 2025.
- This represents a reversal of the position reported in 2024, with BME staff now reporting higher levels of harassment, bullying or abuse from staff than White staff.
- The Trust's result for BME staff (24.4%) is slightly above the national average for staff from all other ethnic groups (24.1%).

% of staff experiencing harassment, bullying or abuse from staff




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| White staff: Your org | 24.58% | 25.83% | 25.02% | 23.89% | 23.39% |
| All other ethnic groups*: Your org | 26.22% | 25.56% | 23.16% | 21.64% | 24.40% |
| White staff: Average | 23.65% | 23.25% | 22.12% | 21.53% | 20.48% |
| All other ethnic groups*: Average | 28.53% | 28.81% | 25.16% | 24.78% | 24.06% |
| White staff: Responses | 2396 | 2110 | 1964 | 2110 | 1851 |
| All other ethnic groups*: Responses | 1186 | 1244 | 1232 | 1622 | 1467 |

*Staff from all other ethnic groups combined

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard 2026



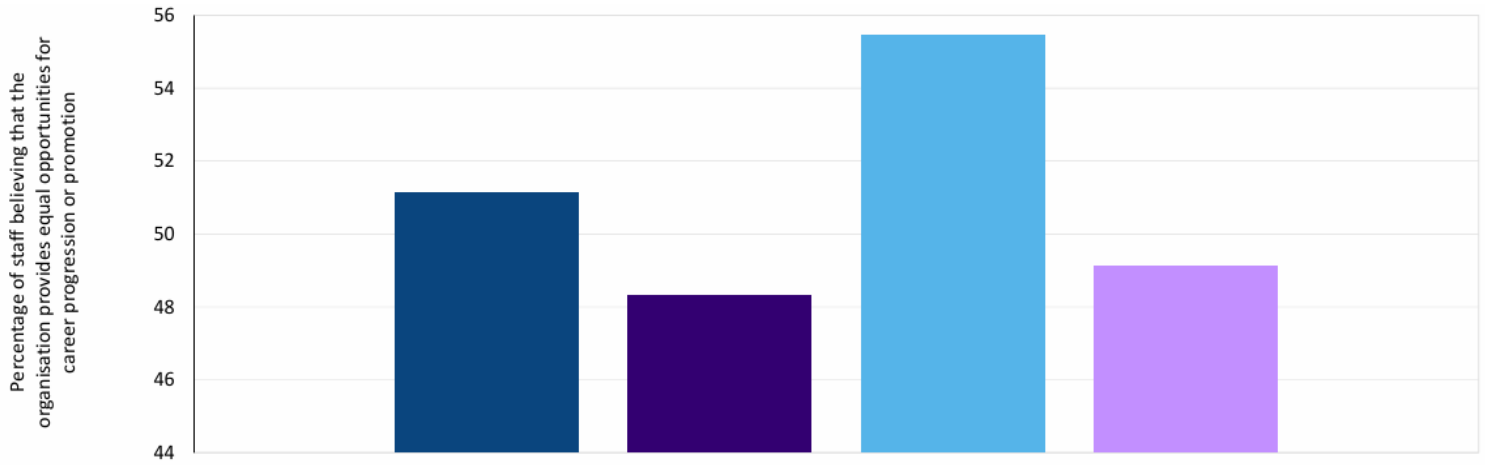
## Indicator 7

*% of staff believing that trust provides equal opportunities for career progression or promotion*

- In 2025, 48.3% of BME staff reported that they believe the organisation provides equal opportunities for career progression or promotion.
- The percentage of BME staff reporting positively on equal opportunities for career progression reduced from 51.0% in 2024* to 48.3% in 2025.
- Among White staff, 51.1% reported that they believe the organisation provides equal opportunities for career progression or promotion.
- White staff continue to report a more positive experience of career progression opportunities than BME staff, with a gap of approximately 2.8 percentage points between the two groups.
- Both White and BME staff at Epsom and St Helier report lower levels of confidence in career progression opportunities than the national benchmark for their respective groups (55.5% for White staff and 49.1% for staff from all other ethnic groups).

*Due to changes in the question wording in 2025, previous years' results as not directly comparable

% of staff believing that trust provides equal opportunities for career progression or promotion




| | |
|---|---|
| White staff: Your org | 51.14% |
| All other ethnic groups*: Your org | 48.31% |
| White staff: Average | 55.46% |
| All other ethnic groups*: Average | 49.11% |
| White staff: Responses | 1846 |
| All other ethnic groups*: Responses | 1476 |

*Staff from all other ethnic groups combined.

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard Report 2026

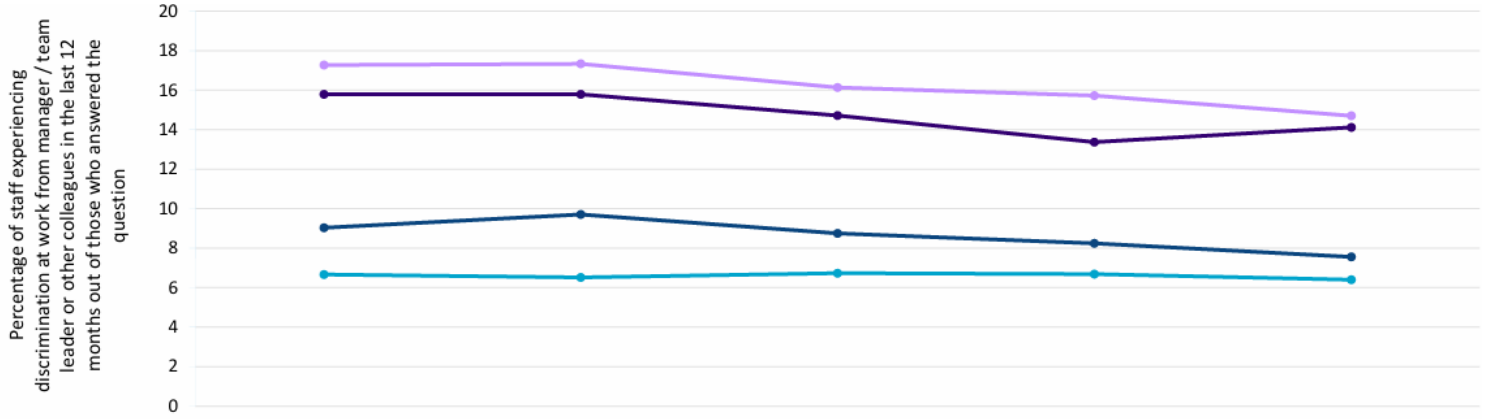
Trust: ESTH

## Indicator 8

*% of staff that personally experienced discrimination at work from a manager or colleagues*

- In 2025, 14.1% of BME staff completing the Staff Survey reported experiencing discrimination at work from a manager, team leader or colleague.
- This represents an increase from 13.4% in 2024 to 14.1% in 2025. The Trust's result remains slightly below the national average for BME staff (14.7%).
- For White staff, the percentage reporting discrimination reduced from 8.3% in 2024 to 7.6% in 2025, continuing the downward trend observed in recent years, and it slightly higher than the national average.
- Whilst BME staff continue to report higher levels of discrimination than White staff, the gap between the two groups widened from approximately 5.1 percentage points in 2024 to 6.6 percentage points in 2025.

% of staff that personally experienced discrimination at work from a manager or colleagues




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| White staff: Your org | 9.04% | 9.71% | 8.75% | 8.25% | 7.56% |
| All other ethnic groups*: Your org | 15.79% | 15.79% | 14.72% | 13.37% | 14.12% |
| White staff: Average | 6.67% | 6.52% | 6.73% | 6.69% | 6.40% |
| All other ethnic groups*: Average | 17.28% | 17.33% | 16.14% | 15.72% | 14.70% |
| White staff: Responses | 2479 | 2112 | 2057 | 2097 | 1839 |
| All other ethnic groups*: Responses | 1235 | 1235 | 1352 | 1623 | 1466 |

*Staff from all other ethnic groups combined

Note: The staff survey data featured in this report is the most recently published data – the 2025 Staff Survey.

# Workforce Race Equality Standard Report 2026

Trust: ESTH



## Indicator 9

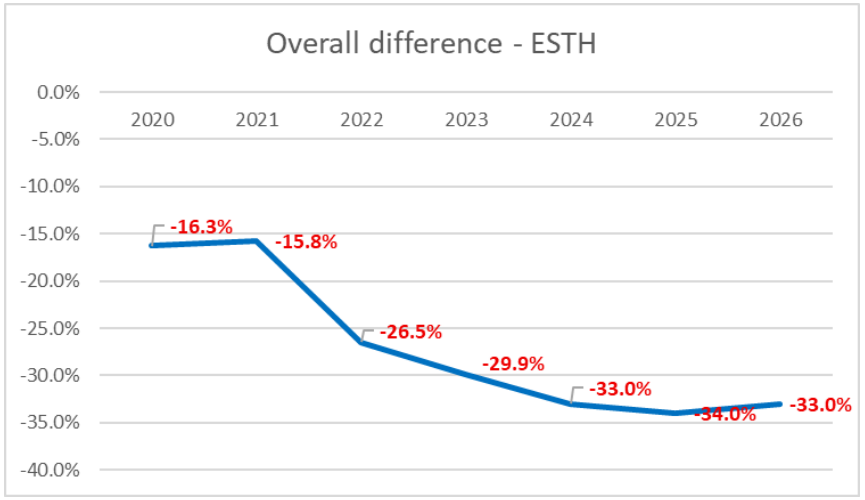
*% of board members by ethnicity compared to BME workforce*

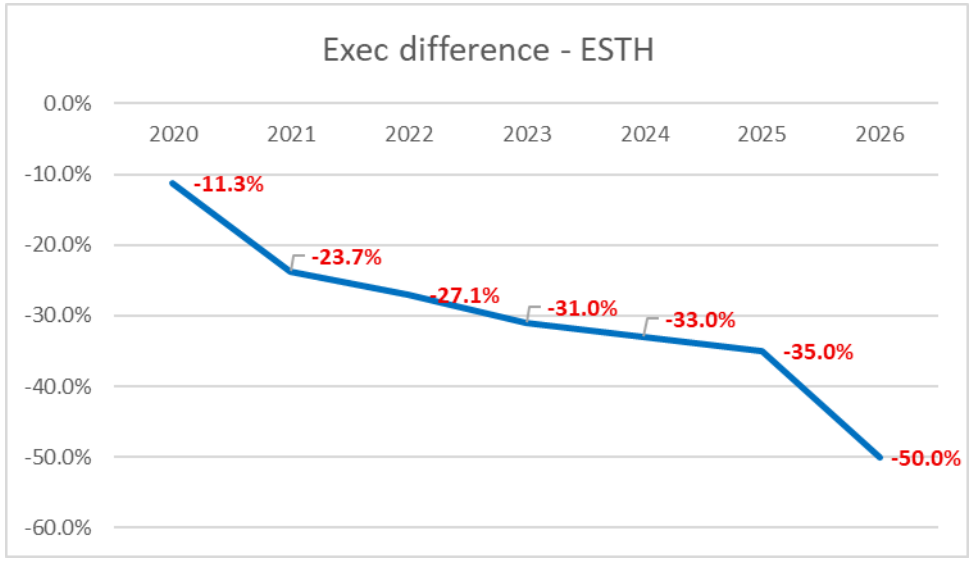
As at 31 March 2026, the Trust Board comprised 18 members, three of whom identify as Black, Asian and Minority Ethnic (BME).

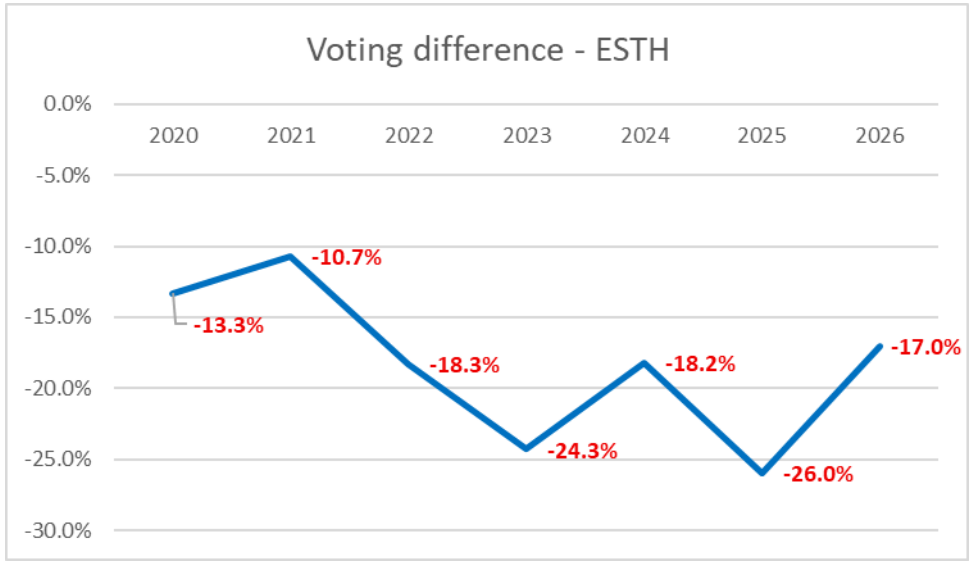
All three BME Board members were Non-Executive Directors. The Voting Board comprised nine members, including six Non-Executive Directors and three Executive Directors. Three Voting Board members identify as BME, resulting in a difference of -33% between overall Board representation and the Trust's BME workforce, -17% at Voting Board level and -50% at Executive Board level.

Whilst BME representation at Voting Board level has improved compared to 2025, Executive Board representation remains disproportionately low relative to the workforce profile.

Since the 31 March 2026 reporting snapshot, further progress has been made to increase Board diversity across the Group. The impact of these changes will be reflected in future WRES reports



# Workforce Race Equality Standard (WRES)

## Appendix A: Definitions of ethnicity: people covered by the WRES

- **In line with Health Education England's WRES guidance and national WRES reporting metrics, the term 'BME' and 'white' are used to describe the two groups of staff referred to in this report**.
- The definitions of 'black and minority ethnic' and 'white' used in Health Education England's (HEE) WRES guidance 2024 have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication these definitions were based upon the 2001 ONS Census categories for ethnicity. These are presented in Annex B.
- 'White' staff include white British, Irish, Eastern European and any other white i.e. categories 1–4 in the table in.
- The 'black and minority ethnic' staff category includes all others except 'unknown' and 'not stated.'
- To aggregate data for BME staff, organisations should include categories 5-18 from current values and exclude 'not stated' and any 'NULL' values.
- The treatment of staff from ethic categories [2 – white Irish] or [3 – Gypsy or Irish Traveler] or [4 – Any other white background] i.e. eastern European who may, in some organisations, be a significant minority group and experience considerable discrimination, is considered in the WRES FAQs document. Where this is the case, organisations should also explore such discrimination using workforce and staff survey data and take appropriate action.
- Source: WRES Additional Information 2024 for NHS Trusts and Foundation Trusts (30/04/2024)

Ethnicity refers to: ONS definitions found here: [Ethnic group, national identity and religion - Office for National Statistics (ons.gov.uk)]

**Ethnic Categories 2021**

**WHITE**
1 – White –British / Welsh / Scottish / Northern Irish / British
2 – White –Irish
3 - Gypsy or Irish Traveller
4 – Any other white background please describe

**MIXED / MULTIPLE ETHNIC GROUPS**
5 – White and Black Caribbean
6 – White and Black African
7 – White and Asian
8 – Any other mixed / multiple ethnic background please describe

**ASIAN / ASIAN BRITISH**
9– Asian or Asian British –Indian
10 – Asian or Asian British –Pakistani
11 – Asian or Asian British – Bangladeshi
12 - Asian or Asian British – Chinese
13 – Any other Asian background please describe

**BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**
14 – Black or black British – African
15 – Black or black British – Caribbean
16 – Any other black background please describe

**ANY OTHER ETHNIC GROUP**
17 – Arab
18 – Any other ethnic group please describe

# Workforce Race Equality Standard (WRES)

## Appendix B: High impact action plan framework

**This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.**

### Measurable objectives on EDI for Chairs Chief Executives and Board members.

**Success metric**

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).



### Overhaul recruitment processes and embed talent management processes.

**Success metric**

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training



### Eliminate total pay gaps with respect to race, disability and gender.

**Success metric**

3a. Improvement in gender, race, and disability pay gap



### Address Health Inequalities within their workforce.

**Success metric**

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2



### Comprehensive Induction and onboarding programme for International recruited staff.

**Success metric**

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff



### Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

**Success metric**

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

