Equality, Diversity and Inclusion Report

1st April 2022 – 31st March 2023

Executive summary

I am delighted to present our equality, diversity and inclusion report for 2022/23 and to set out our priorities for this year.

Not only do with have a legal duty under the Equalities Act, but we know that embracing this agenda is essential to improve the health of the population we serve and ensure First Community is a great place to work.

With the publication of the 2021 Census data we can clearly see that Nationally and in East Surrey the population is changing and the this needs to be reflected in how we deliver health services.

- East Surrey is becoming more ethnically diverse.
- Young people are more likely than previous generations to identify as lesbian, gay, bisexual or transgendered.
- More people are living with long term conditions.
- People with learning disabilities is expected to double over the over the next five years.
- Surrey having amongst the higher proportion of old people.

We know that the delivery of health care is dependant on a workforce that is disproportionately delivered by women and people of Black, Asian and minority ethnic heritage. Also, about 20% of the workforce live with a long-term health condition. We simply cannot deliver high quality health care without being an inclusive employer.

So, embracing the equality agenda has to be central to everything we do, both as an employee-owned Community Interest Company and the provider of NHS services.

We know there is still much to do, and are committed to keep improving for the benefit of our population and staff.

Jon Ota
Director of Quality & People (Chief Nurse)

Our commitment to equality, diversity and inclusion

This year, to ensure we are embedding equality, diversity and inclusion (EDI) in everything we do we have created and launched our EDI strategy.

This means we aim to act fairly and equitably at all times towards our patients and their families and to our staff.

This report outlines the due regard we are taking to eliminate discrimination, harassment and victimisation, to promote inclusion and equality of opportunity, and to foster good relations among our staff and communities. This extends to people who identify with one or more of the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

What does our equality report include?

Our equality report is divided into three sections:

Section 1 provides a summary of our new EDI strategy and our reviewed EDI objectives which we have set ourselves for 2023/2024.

Section 2 focuses on our staff and includes details on our staff survey results and Workforce Race Equality Standard progress and our completed Workforce Disability Equality Standard results.

Section 3 focuses on our patients and includes feedback on their views of our services, and our recording of those with communication needs. Appendices provide more detailed data about our workforce and patients

Section 1

Our equality, diversity and inclusion strategy

To ensure that we are considering EDI in everything we do at First Community, the EDI strategy has been linked to our Strategic Plan and our organizational behaviours framework.

The EDI Vision, EDI Mission and EDI values link to First Community's Strategic Plan in several ways:
- The EDI Vision supports everyone to achieve their potential
- The EDI Mission supports First Community to deliver outstanding local NHS healthcare
- The EDI Values link up to our First Community Behaviours Framework
- The EDI Strategy helps First Community to deliver the values "First rate care, First rate people, First rate value" through four key themes of Enhancing Workforce Diversity and Recruitment, Workforce Planning and Retention, Transparency in reporting and Wellbeing.

By taking this approach we can be sure that the strategic objectives link throughout the organisation so we can ensure we meet our objectives. This is what First Community refer to as the **purple thread.**

EDI Vision:
First Community Health and Care (First Community) envisions a workplace that embraces diversity, fosters inclusion, and provides equal opportunities for all. We strive to create a just, safe, and respectful environment where everyone can bring their whole authentic selves, ensuring excellent care and well-being for citizens and service users in our community.

EDI Mission:
Our mission is to proactively promote and embed Equality, Diversity, and Inclusion (EDI) principles into every aspect of First Community's operations. We are committed to attracting and retaining a talented and diverse workforce, empowering individuals and teams to make confident decisions, and providing care that meets the unique needs of our communities.

EDI Values:
Inclusive: We celebrate diversity and strive to build an inclusive culture where every individual is valued, respected, and treated fairly.
Transparent & Accountable: We uphold the highest standards of ethical behaviour, accountability, and transparency in our EDI practices.
Collaborative: We work collaboratively with all stakeholders to drive positive change and promote EDI across the organisation.
Kind: We show empathy, understanding, and kindness to create an environment of care and support for all.
Continuously improving: We continuously seek innovative solutions to eliminate barriers and promote equality of opportunity.
Positive: We foster a positive and uplifting atmosphere that encourages growth, learning, and mutual encouragement for all our staff.
Empowering: We empower individuals to embrace their unique strengths and perspectives, fostering a sense of ownership and pride in their contributions.

EDI Action Plan

Our EDI Action Plan has been linked to our People Plan and our People Assurance Framework to optimise collaboration and ensure across the organisation we are working to embed EDI in everything we do.

EDI Objectives for 2023/24:

Objective 1

All changes and improvements made to our services are taken with the needs of our population (using population health management insights) with meaningful consideration given to improve or address health inequalities.

Measures of success:

  i. Patient family and friends test results.
  ii. Improvement in patient demographic data quality
  iii. Equality impact assessments.

Priorities for 2023/24

  a) Introduction of equality impact assessments for decisions made by the Board.
  b) Use the EDS22 report findings to evaluate and review the quality and completeness of data we collect about protected characteristics of patients and service users.
  c) Use the findings from the EDS22 reports to suggest targeted interventions in the areas identified to improve patient outcomes across protected characteristics.

Objective 2

All changes and improvements made to our services are taken with the needs of our population (using population health management insights) with meaningful consideration given to improve or address health inequalities. To work collaboratively with health, education, and social care partners in Surrey to reduce inequalities experienced by people (patients, staff and communities).

Measures of success:

i. Active participation is five equality focused initiatives delivered in partnership with are health and social care partners in Surrey.

Priorities for 2023/24

a) Development of population health management insights at east Surrey level to enable neighborhood interventions.
b) Engagement in the Surrey Heartland Health Inequalities Group, BAME Alliance, and workforce equalities steering group.

Objective 3

To make First Community a great place to work where everyone is free from violence, discrimination, bullying or abuse and has equitable access to opportunities to develop, progress and achieve their full potential.

Measures of success:

i.   Improvement in WRES/ WDES indictors
ii.   Staff Survey "staff family and friends test" question
iii. Representative staff survey response across protected characteristics.

Priorities for 2023/24

a) Development of population health management insights at east Surrey level to enable neighborhood interventions.
b) Engagement in the Surrey Heartland Health Inequalities Group, BAME Alliance, and workforce equalities steering group.

Objective 4

To develop inclusive and compassionate leaders to support a diverse and representative workforce to continue to deliver outstanding care to meet the individual needs of our patients and communities.

Measures of success:

i.   Improvement in WRES/ WDES indictors

ii.   Staff Survey "staff family and friends test" question

iii.   Representative staff survey response across protected characteristic

Priorities for 2023/24

a) Developing our leaders: enhanced EDI session in our management programme, explore reciprocal mentoring and develop inclusive leadership training.

b) Review mandatory equality training for all staff.

EDI Implementation and Monitoring:

The EDI lead, supported by the EDI Group (EDIG), will oversee the implementation of the EDI Action Plan.

Progress updates will be provided regularly, and the RAG rating system will indicate the level of completion for each action.

Key stakeholders, including the Board, Council of Governors, and People Team, will be involved in monitoring and supporting the strategy's success.

This Equality, Diversity, and Inclusion Strategy outlines First Community's commitment to cultivating a culture of inclusion and ensuring a diverse and empowered workforce. Through collaborative efforts and transparent reporting, we aim to build an organisation that reflects and celebrates the rich tapestry of our communities while delivering exceptional care and support to all.

Our population

Protected characteristic highlights at a glance

First Community predominately delivers services in east Surrey covered by Reigate and Banstead and Tandridge District Council areas, a population of 238,800. We also deliver some services into West Sussex and across the rest of Surrey.

Reigate and Banstead	Tandridge
• The population of Reigate and Banstead increased by 9.5%, from around 137,800 in 2011 to 150,900 in 2021.	• The population of Tandridge increased by 5.9%, from 83,000 to 87,900 people.
• The proportion of people aged 65 and over increased from 19.7% to 22.4%, while the proportion of people aged under 15 decreased from 19.9% to 18.8%. Between the last two censuses, the average (median) age of Reigate and Banstead increased by one year, from 40 to 41 years of age.	• The proportion of people aged 65 and over increased from 19.7% to 22.4%, while the proportion of people aged under 15 decreased from 19.9% to 18.8%. Between the last two censuses, the average (median) age of Tandridge increased by one year, from 43 to 44 years of age.
• The ethnic diversity of Reigate and Banstead increased slightly, with the proportion of people who identified as White British decreasing from 90.6% to 84.4%, and the proportion of people who identified as Asian increasing from 5.1% to 7.5%. In 2021, 3.7% of usual residents identified their ethnic group within the Mixed or Multiple ethnic group category, increasing from 2.2% in 2011. Those who identified as Black, Black British, Black Welsh, Caribbean or African increased from 1.6% in 2011 to 2.9% in 2021.	• The ethnic diversity of Tandridge increased slightly, with the proportion of people who identified as White British decreasing from 93.8% to 89.4%, and the proportion of people who identified as Asian increasing from 2.6% to 3.7%. In 2021, 3.8% of usual residents in Tandridge identified their ethnic group within the Mixed or Multiple ethnic group category, increasing from 2.2% in 2011. Those who identified as Black, Black British, Black Welsh, Caribbean or African increased from 1.1% in 2011 to 3.8% in 2021.
• In 2021, 49.1% of people in Reigate and Banstead described themselves as Christian (down from 61.9%), while 6.0% did not state their religion (down from 7.4% the decade before). 38.1% stated they had 'No religion'. The census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.	• In 2021, 51.2% of people in Tandridge described themselves as Christian (down from 64.9%), while 6.4% did not state their religion (down from 7.5% the decade before). 38.9% stated they had 'No religion'. The census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.
• The health of Reigate and Banstead residents improved slightly, with the proportion of people who reported their health as very good or good increasing from 82.6% to 84%, and the proportion	• The health of Tandridge residents improved slightly, with the proportion of people who reported their health as very good or good increasing from 82.6% to 84.0%, and the proportion of people who reported their health as bad

of people who reported their health as bad or very bad decreasing from 4.8% to 4.2%. Generally, their health is better than the England average.

- In 2021, 8.4% of Reigate and Banstead residents did not identify with any national identity associated with the UK. This figure increased from 6.7% in 2011.

- In 2021, just under 1 in 11 people (8.9%) were identified as being disabled and limited a little, compared with 8.4% in 2011. The proportion of Reigate and Banstead residents who were not disabled increased from 85.2% to 85.6%. Caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options.

or very bad decreasing from 4.8% to 4.2%. Generally, their health is better than the England average.

- In 2021, 5.1% of Tandridge residents did not identify with any national identity associated with the UK. This figure increased from 4.4% in 2011.

- In 2021, just under 1 in 11 people (8.9%) were identified as being disabled and limited a little, compared with 8.5% in 2011. The proportion of Tandridge residents who were not disabled increased from 85.1% to 85.5%. Caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options.

East Surrey

- Population is growing & changing: More people are moving into the area than leaving. Our population is changing over time and makes it more important to keep refreshing our understanding of the needs.

- Race: the population is very ethnically diverse without there being a particularly large communities of any one ethnic minority. This means our services need to be able to respond to diversity rather the gain a deeper understanding of particular communities. The number of people who identify as Gypsy Travellers in is significantly higher in east Surrey significantly higher than the national average – we are proud to have services that aims to better meet the needs of this community. 4.4% of residents are of identify as Asian, 3.7% identify within the Mixed or Multiple ethnic group and 2.4% identified as Black, Black British, Black Welsh, Caribbean or African. 88.7% identified as White.

- Religion and belief: About two thirds of east Surrey's population are Christian, whilst a substantial proportion has no religion. For those who have a religion other than Christian, Muslim and Hindu are the largest religions.

- Sexual orientation: It is estimated there are over 23,000 people who are lesbian, gay, bi-sexual or transgender (LGBT) in the area. We know that the proportion of people identifying as LGBT is increasing, particularly in 15-25 year olds

- Age: in east Surrey there are less people aged 15-34 than the national average and more people aged 35 and over than average including those over 85. There are also more children 0-15.

- Disability: Around 18% of the population consider themselves to have a disability nationally and this compares to 14.6% in East Surrey. Within this, the number of people with a learning disability in east Surrey is expected to increase to 4.9%, up from 2.4%, in the next five years.

Source: Public Health England Health Profiles 2021 & 2017, Census 2021 and Census 2011

Section 2

Our workforce

Protected characteristics highlights at a glance

First Community employed 521 staff on 31 March 2023. Below are highlights for each protected characteristic drawn from the full data provided in Appendix 2.

Protected Characteristic	Diversity Scorecard Analysis 2022-2023
Age	The largest age group employed at First Community is the 41-45 age group (15.7%). In 2020 the largest age group was 51-55. 36% of our workforce are over the age of 51 (compared to 40% in 2020 The majority of our leavers were between the ages of 51- 55 (17.6%)
Disability	95.4% of our workforce report if they have a disability (up from 91.6% in 2020) 4.6% of the workforce have declared 'yes' to a disability (up from 3.9% in 2020) 4.2% of leavers were disabled
Marriage and Civil Partnership	57% of our workforce are married or in civil partnership 29% single 10% divorced or separated
Ethnic Origin	94.8% of our workforce report their ethnicity (up from 92.3% in 2020) 75.8% of the workforce is White British (down from 75.8% in 2020) 12.4% of the workforce is BAME (up from 9% in 2020) 17.6% of leavers during the period identified as BAME. 15% of the Board identified as BAME
Religion or Belief	Belief 81.5 % of our workforce choose to disclose their religion or belief (up from 78% in 2020)
Sex	91.7% of our workforce identified as female 8.3% identified as male
Sexual Orientation	86.3% of our workforce report their sexual orientation (up from 80.9% in 2020) 83.4% of our workforce identify their sexual orientation as Heterosexual 12 3% identified as gay, lesbian or bisexual (up form 2.4% in 2020)
Pregnancy and Maternity	100% of our workforce who went on maternity leave returned to the organisation

Source: Electronic Staff Records

Staff Survey

We are grateful to all our staff who complete the annual staff survey sharing their individual experiences of working in First Community.

We used the results to understand what we are doing well and where we need to make improvements.

In 2022, 72% of our staff took part in the staff survey compared to 57% in the wider NHS.

Highlights from our staff survey:

Domain	Compared to wider NHS	Statistically significant change compared to 2022
Compassionate and inclusive	Best	Significantly higher
Recognised and rewarded	Above average	Not significant
Have a voice that counts	Best	Not significant
Safe & healthy	Best	Significantly higher
Always learning	Average	Not significant
Work flexibly	Above average	Not significant
We are a team	Best	Significantly higher
Staff engagement	Best	Not significant
Morale	Above average	Not significant

A full breakdown of the staff survey results for 2022 is available at:
Results | Working to improve NHS staff experiences | NHS Staff Survey (nhsstaffsurveys.com)

This year, we have used our staff survey to complete our Equality Delivery System 22 report and make recommendations for the health and wellbeing of our staff across a range of protected characteristics. Further analysis of our staff survey data showed differences between groups with protected characteristics with regards to overall satisfaction (we use the 'staff family and friends' question as a proxy for this.

	Internal difference	Improving (compared to 2022) Yes/No
Race	BAME colleagues scored lower but higher than the national median benchmark	Yes
Disability	Colleagues with long standing health conditions scored lower but higher than the national median benchmark	No
Sex	Male colleagues scored lower but higher than the national median benchmark	Yes- For both male and female colleagues this score has improved
Sexuality	LGBTQ+ colleagues scored lower but higher than the national median benchmark	Data not available
Age	Colleagues under 30 scored lower and lower than the national median benchmark	Yes

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard allows us to track progress over time and compare ourselves with the wider NHS. It looks at key areas to highlight any variation in experiences between BAME staff and white staff in a number of indicators. First Community undertakes WRES each year and we used this data to inform our EDI objectives, strategy and action plan.

- There are still differences that means there still much to do
- Over the last three years we have seen a significant improvement in most of the areas covered by the WRES
- There has been an increase in BAME colleagues in the higher bands (Band 7 and above)
- The gap between likelihood of BAME and white candidates being appointed and closed, although the data shows that white applications are more likely to be appointed compared to ethnic minority applicants
- There was a significant increase in metric 7, the percentage believing that the organisation provides equal opportunities for career progression or promotion
- BAME staff are still more likely to experience bullying harassment and abuse in the workplace
- Our full Workforce Race Equality Standard submission is available to download from our website

Workforce Disability Equality Standard (WDES)

This is the first year First Community Health and Care have completed the WDE. It is not a statutory requirement for the organisation. However, this analysis and report have been compiled to ensure that the EDI work is informed by all the data available, helping to support and steer our EDI agenda.

- If you compare WDES staff survey results from this year to five years ago, there have been positive and significant improvements across all metrics, except from Metric 5.
- Metric 5 (the percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion), has increased across five years for staff without a disability but decreased for staff with a disability.
- There is still work to do to increase disclosure rates. For instance, significantly more staff disclose a disability on the staff survey when compared to ESR data. A comprehensive strategy is crucial to bridging these gaps and ensuring equitable opportunities across all pay bands.
- Our data shows staff with disabilities are more likely than staff without a declared disability to be appointed from shortlisting.
- However, there are persistent gaps in experience across all metrics, such as the difference between staff with disabilities and non-disabled staff experiencing harassment from managers (-14.6% difference). This highlights the need for ongoing efforts to foster a safe and respectful workplace.
- Consistency in disabled board members (10%) and incremental changes in the workforce (4.82% to 4.56%) emphasise the need for sustained efforts to ensure proportional representation, especially at decision-making levels.

Gender Pay Gap Report

Our organisation is committed to promoting equality and diversity in the workplace, and to closing the gender pay gap. We have published our gender pay gap data for the year 22/23, as required by the Equality Act 2010.

Our gender pay gap data shows that:

- The mean (average) gender pay gap is 6.6%, which means that on average, women earn 6.6% less than men per hour. This is an increase of 1.2% from last year, when the mean gender pay gap was 5.4%.
- The median (middle) gender pay gap is 0.1%, which means that the middle-paid woman earns 0.1% less than the middle-paid man per hour. This is a decrease of 13.9 percentage points from last year, when the median gender pay gap was -13.8% (meaning that the middle-paid woman earned more than the middle-paid man).

We recognise that these figures indicate that we are moving in the wrong direction in terms of closing the gender pay gap. However, we also acknowledge that our relevant employee data has changed this year, which could have affected our statistics. The number of women in our relevant employee data has decreased from 467 to 458, while the number of men has increased from 39 to 45. If these men have been recruited into higher paid positions, this could explain the increase in the mean gender pay gap and the decrease in the median gender pay gap. We have identified areas to reduce our gender pay gap and will monitor the progress in the coming year.

Our patients and service users

Our population protected characteristics at a glance

First Community supported 40,834 patients and service users between 1st April 2022 to 31st March 2023. Below are the highlights for each protected characteristic drawn from the full data provided in appendix 3.

Protected characteristic	Diversity analysis for 2022/2023
Age	• The largest age group of patients seen during 2022/23 were under 10 years old (26.75%) • 25.1% of patients were over 70 years of age • Due to the nature of the services we provide, we would expect a higher proportion of our patients to be children or older people
Marriage and civil partnership	• Of the 56% of patients who have reported their marital status, the largest proportion are single (28.12%), which reflects the largest proportion of patients seen as being under 10 years old. This is a 6.47% increase on the previous year.
Race	• 71% of patients had their ethnicity recorded, an increase of 1.5% since last year. • 15.7% of our patient were from a BAME background. Which is higher than the population in our 2 main borough council population areas • The largest BAME patient group being from an Asian background (3.8%) which reflects the population in our 2 main borough council population areas
Religion or belief	• 31.93% of patients disclosed their religion or belief, with the majority of these patients being of a Christian denomination • The second largest proportion of patients were Muslim followed by Hindu.
Sex	• 58.61% of our patients were female • 41.39% of our patients were male.

Source: EMIS, electronic patient records

What people say about our services

Friends and Family Test

The Friends and Family Test is one way of measuring how satisfied people are with the services that we provide at First Community.

When people are asked to complete this they asked to provide demographic so we can look at differences. We are not able look at all the protected characteristics but for those we can no significant or worrying differences were noted.

The table below shows our Friends and Family Test results from 2022/23 and splits it into some of the protected characteristics and suggest little difference in the in satisfaction scores between different groups:

	% likely to recommend (high score is good)
Overall	95.65%
Male	94.44%
Female	96.36%
BAME	96.36%
Disabled	95.65%

Source: iWantGreatcare

There were 14 complaints in total for 2022/2023. The protected characteristics data we have available for these complaints can be seen below.

Protected characteristic	Number of complaints
Sex	Female: 7 Male: 7
Ethnicity	White British:10 Unknown: 4
Age	0-15: 0 16-30: 0 31-45: 0 46-65: 5 65+: 9

None of the complaints for 22/23 were related to discrimination.

Source: iWantGreatcare

Appendix 1

Workforce data for each protected characteristic

Age

Workforce by Age		
Age Band	Headcount	% of staff by Headcount
<=20 Years	1	0.2%
21-25	17	3.3%
26-30	47	9.0%
31-35	48	9.2%
36-40	59	11.3%
41-45	70	13.4%
46-50	77	14.8%
51-55	80	15.4%
56-60	75	14.4%
61-65	37	7.1%
66-70	8	1.5%
>=71 Years	2	0.4%
Grand total	521	100.0%

Leavers by Age		
Age Band	Headcount	% of leavers
<=20 Years	2	1.7%
21-25	11	9.2%
26-30	7	5.8%
31-35	13	10.8%
36-40	16	13.3%
41-45	18	15.0%
46-50	16	13.3%
51-55	11	9.2%
56-60	12	10.0%
61-65	10	8.3%
66-70	4	3.3%
>=71 Years	0	0.0%
Grand Total	120	100.0%

Disability

Workforce by Disability		
Disability	Headcount	% of staff by Headcount
No	465	89.3%
Not Declared	30	5.8%
Prefer Not To Answer	2	0.4%
Unspecified	0	0.0%
Yes	24	4.6%
Grand Total	521	100.0%

Leavers by Disability		
Disability	Headcount	% of leavers
No	103	85.8%
Not Declared	6	5.0%
Prefer Not To Answer	0	0.0%
Unspecified	2	1.7%
Yes	9	7.5%
Grand Total	120	100.0%

Marriage and civil partnership

Workforce by Maritial Status		
Maritial Status	Headcount	% of staff by Headcount
Civil Partnership	3	1%
Divorced	42	8%
Legally Separated	7	1%
Married	301	58%
Single	156	30%
Unknown	6	1%
Widowed	6	1%
Grand Total	521	100%

Ethnicity

Workforce by Ethnic Origin		
Ethnic Origin	Headcount	% of staff by Headcount
A White - British	404	77.5%
B White - Irish	7	1.3%
C White - Any other White background	28	5.4%
D Mixed - White & Black Caribbean	2	0.4%
E Mixed - White & Black African	1	0.2%
F Mixed - White & Asian	5	1.0%
G Mixed - Any other mixed background	3	0.6%
H Asian or Asian British - Indian	19	3.6%
J Asian or Asian British - Pakistani	3	0.6%
L Asian or Asian British - Any other Asian background	5	1.0%
M Black or Black British - Caribbean	6	1.2%
N Black or Black British - African	11	2.1%
P Black or Black British - Any other Black background	2	0.4%
PD Black British	1	0.2%
S Any Other Ethnic Group	1	0.2%
Unspecified	0	0.0%
Z Not Stated	23	4.4%
Grand Total	521	100.0%

Workforce by Ethnic Origin		
Ethnic Origin	Headcount	% of staff by Headcount
White	439	84.2%
H Asian or Asian British - Indian	27	5.1%
Black	20	3.8%
Mixed	11	2.1%
Other Ethnic Group	1	0.01%
Not Stated	23	4.4%
Grand Total	521	100.0%

Workforce by Ethnic Origin				
Ethnic Origin	Reigate & Banstead (2021 Census)	Tandridge (2021 Census)	First Community Patients (excluding not recorded)	First Community Staff
White	84.4%	89.4%	80%	84%
Asian, Asian British or Asian Welsh	7.5%	3.7%	5.6%	5.2%
Black, Black British, Black Welsh, Caribbean or African	2.9%	2.2%	3%	3.8%
Mixed or multiple ethnic groups	3.7%	3.8%	0.6%	2.1%
Other ethnic groups	1.4%	0.9%	13.6%	4.6%

- First Community's workforce ethnicity broadly reflects the population of East Surrey
- The exception to this is for 'other ethnic groups' which has significantly increased for First Community Patients compared to 2021/2. The reason for this is not known, however may reflect a significant increase in asylum seekers receiving care and data quality

Leavers by Ethnic Origin		
Ethnic Origin	Headcount	% of leavers
A White - British	82	68.9%
B White - Irish	5	4.2%
C White - Any other White background	2	1.7%
D Mixed - White & Black Caribbean	2	1.7%
E Mixed - White & Black African	3	2.5%
F Mixed - White & Asian	0	0.0%
G Mixed - Any other mixed background	4	3.4%
H Asian or Asian British - Indian	4	3.4%
J Asian or Asian British - Pakistani	0	0.0%
L Asian or Asian British - Any other Asian background	1	0.8%
M Black or Black British - Caribbean	3	2.5%
N Black or Black British - African	4	3.4%
P Black or Black British - Any other Black background	0	0.0%
PD Black British	1	0.8%
S Any Other Ethnic Group	0	0.0%
Z Not Stated	6	5.0%
Unspecified	2	1.7%
Total	120	100.0%

Religion or belief

Workforce by Religion or Belief		
Religion or Belief	Headcount	% of staff by Headcount
Atheism	98	18.8%
Buddhism	2	0.4%
Christianity	278	53.4%
Hinduism	10	1.9%
Islam	6	1.2%
Judaism	1	0.2%
Not Disclosed	92	17.7%
Other	34	6.5%
Grand Total	521	100.0%

Leavers by Religion or Belief		
Religion or Belief	Headcount	% of leavers
Atheism	19	15.8%
Buddhism	0	0.0%
Christianity	64	53.3%
Hinduism	2	1.7%
I do not wish to disclose my religion/belief	18	15.0%
Islam	2	1.7%
Judaism	0	0.0%
Other	13	10.8%
Sikhism	0	0.0%
Unspecified	2	1.7%
Grand Total	120	100.0%

Sex

Employment banding by Sex				
	Female		Male	
Band	Headcount	% of staff	Headcount	% of staff
Band 1	0	0.00%	0	0.00%
Band 2	20	4.22%	4	8.51%
Band 3	98	20.68%	11	23.40%
Band 4	36	7.59%	3	6.38%
Band 5	56	11.81%	0	0.00%
Band 6	101	21.31%	8	17.02%
Band 7	109	23.00%	9	19.15%
Band 8 - Range A	34	7.17%	7	14.89%
Band 8 - Range B	12	2.53%	0	0.00%
Band 8 - Range D	2	0.42%	1	2.13%
Band 9	1	0.21%	1	2.13%
Other	5	1.05%	3	6.38%
Total	474	100.00%	47	100.00%

Workforce by Sex		
Sex	Headcount	% of staff by Headcount
Female	474	91.0%
Male	47	9.0%
Grand Total	521	100.0%

Leavers by Sex		
Sex	Headcount	% of leavers
Female	110	92%
Male	9	8%
Grand Total	120	100.0%

Sexual Orientation

Workforce by Sexual Orientation		
Sexual Orientation	Headcount	% of staff by Headcount
Bisexual	7	1.3%
Gay or Lesbian	8	1.5%
Heterosexual or Straight	441	84.6%
Not Disclosed	65	12.5%
Undecided	0	0.0%
Grand Total	521	100.0%

Leavers by Sexual Orientation		
Sexual Orientation	Headcount	% of leavers
Bisexual	2	1.7%
Gay or Lesbian	3	2.5%
Heterosexual or Straight	101	84.2%
Not stated (person asked but declined to provide a response)	13	10.8%
Undecided	1	0.8%
Grand Total	120	100.0%

Pregnancy and maternity

100% return rate for staff who went on maternity leave and returned to work. Source for all data: Electronic Staff Records (ESR) and NHS Jobs data

Appendix 2

Patient data for each protected characteristic

Age

Patient By Age		
Age group	Number	% of total
below 1	483	1.18%
1-10	10441	25.57%
11-20	2703	6.62%
21-30	2236	5.48%
31-40	4445	10.89%
41-50	2819	6.90%
51-60	3624	8.87%
61-70	3836	9.39%
71-80	4571	11.19%
81-90	3919	9.60%
91-100	1673	4.10%
101-110	84	0.21%
Total	**40834**	**100.00%**

Breakdown of patient by ethnicity		
Ethnicity	**Number**	**% of total**
Asian or Asian British - Any other background	477	1.2%
Asian or Asian British - Bangladeshi	122	0.3%
Asian or Asian British - Indian	687	1.7%
Asian or Asian British - Pakistani	291	0.7%
Black or Black British - African	622	1.5%
Black or Black British - Any other background	102	0.2%
Black or Black British - British	114	0.3%
Black or Black British - Caribbean	17	0.0%
Mixed - Any other mixed background	78	0.2%
Mixed - White & Asian	39	0.1%
Mixed - White & Black	43	0.1%
Any Other ethnic group	3817	9.3%
White - British	17892	43.8%
White - Europe	4629	11.3%
White - Irish	195	0.5%
Unknown	11709	28.7%
Total	**40834**	**100.0%**

Marriage and civil partnership

Breakdown by marital status		
Marital status	**Number**	**% of total**
Cohabiting	1324	3.24%
Co-habiting	1	0.00%
Common law partnership	74	0.18%
Divorced	770	1.89%
Marital state unknown	171	0.42%
Married	6451	15.80%
Married/Civil Partner	10	0.02%
Not Disclosed	4	0.01%
Separated	142	0.35%
Single	11483	28.12%
Unknown	17941	43.94%
Widowed	2450	6.00%
Widowed/Surviving Civil Partner	3	0.01%
Widower	3	0.01%
Homosexual marriage, female	2	0.00%
Separated from cohabitee	2	0.00%
Marital/civil state not disclosed	1	0.00%
Single person	1	0.00%
Common-law wife	1	0.00%
Total	**40834**	**100.00%**

Breakdown by religion		
Religion	Number	% of total
Agnostic	322	0.79%
Atheist	391	0.96%
Baptist	2	0.00%
Buddhist	27	0.07%
Christian	2091	5.12%
Christian Scientist	1	0.00%
Church of England	4300	10.53%
Church of Ireland	13	0.03%
Church of Scotland	23	0.06%
Hindu	248	0.61%
Islam	132	0.32%
Jehovah's Witness	31	0.08%
Jewish	25	0.06%
Methodist	77	0.19%
Mormon	2	0.00%
Mormon religion	4	0.01%
Muslim	271	0.66%
Nonconformist	14	0.03%
Orthodox Christian	2	0.00%
Pentecostal	5	0.01%
Protestant religion	1	0.00%
Quaker religion	6	0.01%
Patient refused to provide information	51	0.12%
Religion NOS	6	0.01%
Religion not given - patient refused	107	0.26%
Religion not recorded	7	0.02%
Religion, none	2022	4.95%
Religion, not known	1815	4.44%
Roman Catholic	1186	2.90%
Sikh	23	0.06%
Spiritualist	1	0.00%
Unknown	27625	67.65%
Plymouth Brethren	1	0.00%
Anglican	1	0.00%
Chinese buddhist religion	1	0.00%
Total	**40834**	**100.00%**

Sex

Breakdown by sex		
Sex	Number	% of total
F	23933	58.61%
M	16901	41.39%
Total	**40834**	**100.00%**

Further Information and Feedback

If you would like to find out more about our services, please visit our website at:

www.firstcommunityhealthcare.co.uk

If you would like this information in another format, for example large print or easy read, or if you need help communicating with us, please contact:

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Call: **01737 775450**

Email: **fchc.enquiries@nhs.net**

Text: **07814 639034**

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