



Equality Delivery System Report 2022



FOREWORD

This Equality Delivery System (EDS) Report details the activities carried out regarding the review process. It discusses the current rating of the organisation, identified improvement plans and how EDS aligns to operational and business plans.

The report will be shared and agreed by the Chief Executive as the Executive Board representative and will be both referred to in the CEO Board update and also published on the organisation's FREDIE web site.

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1. Introduction

The EDS is an improvement tool for both NHS commissioning and NHS providing organisations to use to review and develop services, workforce, and leadership and plays a key role in addressing health inequalities. It is to be used to encourage better evidence insight across the range of people with a protected characteristic and inclusion health groups and supports organisations to meet the requirements of the Public Sector Equality Duty (PSED)

The toolkit comprises eleven outcomes spread across three Domains:

1. Commissioned or Provided Services
2. Workforce and Health and Wellbeing
3. Inclusive Leadership

The outcomes are evaluated, scored and rated giving an organisational outcome of:

- 0 - Undeveloped Activity
- 1 - Developing Activity
- 2 - Achieving Activity
- 3 - Excelling Activity

Following which improvements plans are developed and monitored to support future improvements.

2. Background

Domain 1, commissioned or provided services suggests reviewing three different services each year against the criteria:

- Data indicates doing well
- Data indicates not doing so well
- Performance is unknown

Following presenting the EDS process to the FREDIE steering group it was agreed that the three services to review for City Health Care Partnership CIC would be:

- Wellbeing Service – St Helens
- Primary Care
- Urgent Treatment

A task and finish group were established with representatives from each of these services, the group discussed and agreed the evidence and scores against each of the outcomes as shown in section three of this report.

For Domain 2, the strategic lead for FREDIE worked with the HR team to pull together the evidence and identify where improvements were required.

For Domain 3, the strategic lead for FREDIE working with the FREDIE Executive Lead and Director of People to agree the evidence and identify where improvements were required.

3. Evidence

The table shows the findings and scores against each three domains and eleven outcomes

Domain	Outcome	Evidence	Rating
1. Commissioned or provided services	1.A patients (services users) have required levels of access to the service	The accessible Information Service is involved with services across the organisation carrying out audits to assess patient access, particularly regarding those who have additional communication needs. St Helen's Wellbeing hasn't had the audit but demonstrate some real commitment to ensuring access to all through the Supporting Arm group, this is a group that looks at all processes, documentation etc that is provided by the service to patients and reviews them for changing to easy read material where possible. Triage processes consider patients holistic needs including flexibility in the way appointments are offered, sensory and communication needs with reasonable adjustments being offered to meet specific health needs. All services reviewed link in with external partners, referring and signposting patients to various services for additional support. Where barriers have been identified changes are put in place to rectify these to ensure any future experiences by the patient is positive. Services work with key partners to engage hard to reach groups to understand needs and shape the services to meet needs and reduce health inequalities. Family and friends reporting is used with positive feedback which is shared within teams and any lessons learnt are discussed.	2
	1B. Individual patients (service users) health needs are met	Triage processes allows for full consideration of patient's health needs with all services signposting and referring into other external agencies including the VSCE sector. The MECC (Make every contact count) agenda is embedded within Urgent Treatment services with referrals to other CHCP services being undertaken. Primary Care have a service voice user group which meets regularly giving the opportunity to consult with all patients regarding service changes and St Helens Wellbeing Service consult and work with service users through developing and shaping services, Men's wellbeing project has been given as an example, they also work link in and signpost to VCSE by scoping database which identifies community organisations. Both Urgent Treatment and St Helens Wellbeing Service discuss how they work and consult with commissioners and other external bodies where proposals for changes to service take place and St Helens. The needs of service users from protected groups and other vulnerable groups, i.e., Gypsy Roma and Travelling communities, homeless, refugees and asylum seekers are considered by all services and there are some real good practices being offered to refugees in the local area by the primary care service.	3
	1C. When patients (service users) use the service, they are free from harm	Triaging is the start of the process to ensuring patients are free from harm when accessing the services, where a risk is identified there are procedures in place to enhance their safety with links into safeguarding and other services as appropriate. All staff within CHCP are mandated to attend safeguarding training in respect of both adults and children and the datix system captures data in regard to Age, Disability and	3

		<p>Ethnicity and is a framework for reporting incidents and near misses with a lessons learnt process in place where all services can support in discussions around improvements. The handler of the data or the specialist i.e. safeguarding lead /security lead or police liaison shares information with the relevant agency, we also have a 'service to service' process which means that if we become aware of an incident in another health/social care provider then we would raise the incident with the relevant agency and share learning and feedback. Zero Tolerance posters are in waiting areas and clinical rooms, these are particularly in relation to safeguarding staff but the expectation from the patients would be the same towards other service users and safe spaces are offered for vulnerable groups for example those with a learning disability that might experience anxiety/trauma waiting in a full busy waiting area or may be affected by the lighting. The primary care services work closely with refugees arriving in the area, making sure that they are registered as patients within 48 hours of reaching the secure accommodation with a dedicated GP who takes responsibility for these patients. The GP attends the secure accommodation (dedicated hotel) weekly offering a clinic to support with health needs, working on a MECC basis with internal and external services to ensure not just their health needs are met but their safety too. The service being offered to this group of patients has been identified as gold standard and CHCP has been approached by regional partners to showcase this. Primary Care also work on the UK resettlement project, registering patients and offering constant support for 1 year including one stop clinics which include: TB, GP, Nurse, Sexual Health, 0-19 Health Visitors all in one place.</p>	
	1D. Patients (service users) report positive experiences of the service	<p>Positive experiences from patients are captured through Friends and Family testing and annual patient surveys. Compliments are promoted through the weekly chief executive's blog and teams use the opportunity of Daily Huddles to feedback on patient experiences with discussions taking place where improvements could be made. St Helens work to an action plan with the supporting arm group to improve patient experiences and monitor progress. The results of the patient survey are shared widely across the organisation with action plans being put in place to monitor improvement and progress. A Health Inequalities Strategy is in draft with proposed actions/recommendations which has been pulled from the evidence/data collated through workshops, once signed off the action plan will be used as an organisational toolkit to influence the wider system, building innovative interventions with the focus to reduce/remove health inequalities.</p>	2
Overall scores for Domain 1 taking into consideration all three services			10

<p>2. Workforce Health and Wellbeing</p>	<p>2A. when at work staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>CHCP offers a programme of open access Mental Health/Training/Awareness Sessions available for staff and managers to attend. Occupational Wellbeing Service provides a wide range of services, including psychological wellbeing. The Psychological Wellbeing Practitioner is able to complete assessments and referrals to appropriate services. A recently created Colleague Health & Wellbeing Guide signposts staff to a range of services that are provided and designed to support them and encourage a healthy lifestyle both at work and outside of work. Additionally, managers guidance is in place to support/signpost staff to national offers in relation to any health-related concerns. Talk Suicide Training has been promoted and managers are encouraged to complete Wellness Action Plans to support staff with Mental health concerns. The 'ShinyMind' App was launched in 2020 with over 300 staff downloading and actively using it, in addition to this there is the option to use other free wellbeing apps such as HNY Our people. Covid Risk Assessment/Career conversations are carried out regularly giving the opportunity for any staff with a protected characteristic to discuss their concerns in regard to their health conditions and their working environment and managers are encouraged to hold wellbeing conversations as part of supervision meetings and development reviews. The flexible working toolkit recently drafted is a practical guide for staff to use to support conversations with their managers regarding their work life balance, it gives some useful tips to consider when considering requesting flexible working. Currently we are scoping out the role of wellbeing champions, the aim is to have these across the organisation as a go to person for support and signposting for all staff in relation to any health and wellbeing concern, this is being supported by our Wellbeing Sponsor. The supporting Disability and Wellbeing staff network groups (SDAW) meets monthly and is a good opportunity for peer support for staff who identify with a disability or long-term conditions. There is a programme called EMPOWER which is offered across the organisation, there are 12 sessions and cover the topics: Stress and Mindful Breathing, Communication, Time Management, Unhelpful Thinking, Pain and Fatigue Management, The benefits of healthy eating and exercise, Problem solving, How to set achievable goals in the form of action planning, Keeping a Pain and Mood Diary.</p>	<p>2</p>
	<p>2B. When at work staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>CHCP has a zero-tolerance policy for verbal and physical abuse towards staff from any source with posters in clinical environments advising patients of this and an anti-bullying and harassment policy informing staff that such abuse would result in action being taken. The FREDIE vision, encourage all staff to be Fair, Respectful and Inclusive to everyone considering diversity and equity to colleagues. Any incident raised through the datix system are monitored with investigations taking place to support staff members linking in with the Occupational Wellbeing Service and signposting to external agencies where appropriate. Expert advice from our safeguarding team is sought when appropriate. It is recognised that a person experiencing domestic violence can be at risk both in the personal space and in the workplace and the organisation has developed a domestic violence policy to assist and support employees access support due to their experiences. Clinical Staff have additional support in the form of professional nurse advocates where they can discuss clinical, wellbeing and learning concerns through a restorative supervision process.</p>	<p>3</p>

		<p>The colleague survey 2022 identified that 89% of the responders disclose that they have never experienced harassment, bullying or abuse at work from either patient, services users, their relatives or other members of the public and 97% report they have not experienced any of this behaviour from colleagues.</p> <p>The Investors in Diversity survey responses shows that CHCP are outstanding or good at preventing bullying and harassment (83%)</p> <p>Where an allegation is raised by a member of staff against a colleague an initial meeting will take place by the line manager in liaison with a HR Representative. A discussion will consider any evidence brought by either side looking at whether there are any risks to either the person raising the allegation or the alleged perpetrator following which action will be taken to mitigate the risks, this may be to move one or both staff members to a different team/base, put either or both on paid leave whilst a thorough investigation takes place or potentially when it is deemed as the only option the alleged perpetrator will be suspended from duty. Where the investigation outcome identifies, there is learning to take to improve the safety of our workforce action would be carried out and a lessons learnt would be taken to the full company business meeting to discuss if there any further improvements that can be made.</p> <p>All investigations are dealt with in a fair manner with consideration being given to the wellbeing of all staff involved and on occasion whilst taking into consideration individuals needs a change to process may be instigated. A recent example of this involved changing the hearing process which resulted in the person who raised the allegation not attending in person as a witness as the impact of the whole experience was having significant impact to their mental wellbeing. In this instance all parties including the panel were asked to submit any questions they wanted to ask the employee in advance so that responses could be received and circulated prior to the hearing taking place.</p>	
	2C. Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<p>Support, Advice and Listening Service (SALS) is a group of volunteers from across the organisation that are available for staff to contact for support by listening to any concerns and will aim to help to resolve them or signpost appropriately. Our Occupational Health Service provides a wide range of services, including psychological wellbeing and signposting to services offering stress control. The Colleague Health & Wellbeing Guide shares links to the stress release workshops and signposts staff to a range of national and regional events with clear links in with the Humber and North Yorkshire ICB wellbeing packages. We have managers guidance in place to support/signpost staff in relation to Mental Health concerns. In September we launched the 'ShinyMind' App, and we now have over 300 staff who are actively using this app. In</p>	2

		<p>addition to this we have the HNY Our people app and have advised staff of other free wellbeing apps that are available.</p> <p>A Freedom to Speak Up Guardian is embedded within the organisation, offering support outside of staff members management structure.</p> <p>There are a number of staff networks forums available for staff from protected groups which offers a safe space to come together and get peer support, the organisation also works closely and in partnership with a number of trade unions representatives external to the organisation.</p>	
	2D. Staff recommend the organisation as a place to work and receive treatment	<p>The values of the organisation 'Be a provider of excellent health care services' and 'Be an employer of choice' speak for themselves when it comes to the positive response from the workforce within the colleague survey results which for 2022 report as; recommend as a place to work 78% and recommend for care or treatment 91%. The organisation proudly promotes its achievements demonstrating that CHCP is a great place to work such as accreditation of: Investors in Diversity, Mindful Employer, Disability Confident Leader, Foster Friendly employer. Engagement events such as the 'What's in it for me Roadshow' and 'Staff Awards' also highlights the many different benefit packages which are on offer to staff. Exit interviews discuss reasons for leaving and the data from these is used to look at areas where improvements are required. A quarterly report is published which highlights data such as absence and recruitment & retention, these are shared through business group forums which have management representation from across the organisation. Where surveys are carried out, the data is analysed considering experiences of those who identify with a protected characteristic (particularly BAME, LGBTQ+ and Disability) in comparison to the staff that don't identify with any of these groups. The colleague survey output shows that 78% of the workforce would recommend the organisation as a place to work with 8% stating they were unlikely to recommend. In regard to treatment 91% of the responses would recommend the organisation for treatment whilst 2% wouldn't. The outstanding responses were not sure either way.</p>	2
Overall scores for domain 2.			9
3. Inclusive Leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and	<p>CHCP Board and leadership team demonstrate their understanding of and commitment to Equality and Health Inequalities through a number of routes including regular board and committee meetings where FREDIE and Health Inequalities are agenda items with reports being presented to demonstrate current and planned FREDIE initiatives. FREDIE encompasses the principles 'Fairness, Respect, Equality, Diversity, Inclusion and engagement'. The chief Executive for the organisation shows their commitment through their statement of intent which has been presented to the Audit Committee additionally as the chair of The Humber and North Yorkshire ICB for Health Inequalities they are committed to the organisation being an exemplar of health inequalities with the commissioning of an external specialist to support with the</p>	2

	commitment to, equality and health inequalities	development with a Health Inequalities strategy which will support in the design and delivery of services taking into consideration the needs of the communities. City Health Care Partnership has accreditation status of the National Centre for Diversity award and in 2022 was recognised as the 14 th most inclusive organisation in their top 100 index and as part of the assessment a number of the Director Team and other Senior Managers were invited to and attended interviews to discuss the progress of the organisation in respect of FREDIE. The leadership are keen to build and expand on their current knowledge in respect of Equality, in addition to the general internal FREDIE training in 2021/22 external enhanced training was offered and attended by them. The organisation employs an executive director lead for FREDIE who is a member of the executive board and Safety & Quality committee, they also commit to supporting the staff network groups of which there are currently three; BAME, LGBTQI+ and Disability & Wellbeing, the support is offered by regular peer review meetings with the chairs/vice chairs of each of the groups and regular attendance to the BAME group. The other two groups equally have senior leader support with Directors and Deputy Chief Operating Officers being allies to the groups supporting and engaging with local events such as Hull Pride and Cultural Social Gatherings. Health Inequalities and FREDIE are embedded throughout the organisation and are included within the 2022-23 strategic business plans.	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>The organisation reports to the executive board on progress and actions plans in regard to WRES and the Gender Pay Gap, currently as an independent organisation we are not required to report on the WDES and the draft Health Inequalities Strategy which has been developed through visioning workshops facilitated by an external agency is being presented to the November 2022 board for ratification, following which it will be the main toolkit for addressing and managing health inequalities across the organisation. The chief executive will be the executive lead for this strategy ensuring that updates are presented to the board. Other committee's where health inequalities and FREDIE topics are taken include, Quality and Safety Committee and Audit Committee.</p> <p>Equality Impact Assessment are completed for policies and projects and are signed off by the Assistant Director/Head of Service.</p> <p>During the pandemic Risk Assessments were introduced, initially for our workforce from a BAME background and then offered to all staff as it was recognised that the wellbeing of any staff member could have been detrimentally affected. Risks are generally monitored individually through supervision sessions, however there are corporate senior manager meetings where any risks can be flagged.</p> <p>Equality and Health Inequalities are both factored into 2022/23 organisational business plans forming strategic and operational actions.</p>	3

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	The FREDIE steering group which is chaired by the executive lead for FREDIE meets quarterly and monitors performance and progress against the clear organisational EDI objectives and national standards within the annual FREDIE implementation plan. Progress is fed up to the board by the executive lead who presents an annual report. In addition to the annual FREDIE report there are quarterly reports on WRES and Gender Pay Gap through executive board papers and safe quality services committee. In addition, social accounts which often reflect FREDIE and health inequalities are shared to the board along with progress, also progress against the Accessible Information Standards is also reported on.	2
Total for Domain 3			7
Overall organisational Score			25

4. Scoring and Rating

On adding the scores from each of the outcome together the organisation scores 26 which is a rating of **Achieving Activity**.

To gain a rating of Excelling Activity an individual score of 3 is required for each of the eleven outcomes to give a total of 33 and is something that the organisation will work towards achieving over the next 12 months. To support with this an improvement plan has been drafted.

What needs to be considered is that the scores for domain 1 are based on just three operational services from within the organisation which has 50 plus services. There will be other services that if had been selected to complete the review would have scored higher and potentially there may be some that might have scored lower. Therefore the overall score doesn't give a true reflection of the whole of the organisation just a very small section.

5. Improvement Plan

For each of the domains the Strategic Lead for FREDIE worked with relevant people from the three services, Human Resources and Executive team to agree actions for improvement. A copy of the improvement plan with these actions on is included as Appendix 1. The improvement plan will feed into all service-based action plans not just those that have taken part of the review. They will also form part of corporate and strategic plans.

Appendix 1 Improvement Plan

EDS Domain	Action	Service/workforce/leadership
Commissioned or provided services		
1a Patients (service users) have required levels of access to the services	<ul style="list-style-type: none"> To strengthen the work already in place for patients with a learning difficulty/disability, focus on other protected groups to improve access for all. Develop Patients pods for patients who do not have access to digital services Through ongoing transformation work consultation discuss with service users the option of sensory clinics & LGBTQIA+ clinics and potential of rolling these out across all practices Install hearing loops in all practices, providing training to all front of house staff Look at option of pre-booking appointments for patients/service users who are unable to call practices at 8:00am Complete audit with Knowsley & St Helens Wellbeing Service Review the care pathway for patients who have hearing impairments and co-develop with stakeholder group to improve experiences Update the development of new materials to ensure all resources are diverted to the Supporting Arm for Easy read review. 	Urgent Treatment Primary Care Primary Care Primary Care Primary Care St Helens Wellbeing service St Helens Wellbeing service St Helens Wellbeing service
1b Individual patients (service users) health needs are met	<ul style="list-style-type: none"> Practitioner to link in with the engagement team regarding the Service User Voice group, how can we promote and encourage patient groups to join and share their experiences/contribute to future improvements. Trauma Informed Care to be rolled out across all practices 	Urgent Treatment Primary Care Primary Care

	<ul style="list-style-type: none"> • Social Inclusion Manager to work with patients and community groups to ensure health needs for all vulnerable groups are met. • Work with identified groups (NEET, SEN, Dementia and Carers) to look at how we can improve the access and health care interventions to improve outcomes/ behaviour changes • Review and consider how the service can support those who are digitally disadvantaged by seeking out access to funding, resources, partners who can help to connect people. 	<p>St Helens Wellbeing Service</p> <p>St Helens Wellbeing service</p>
1c When patients (service users) use the service they are free from harm	<ul style="list-style-type: none"> • Strengthen the approach of experienced nurse practitioner's triaging to make sure patients are where they need to be, are they safe to wait or do adjustments need to be put in place, i.e., fast tracking or alternative safe space to wait. • Training package for staff to include: Increase knowledge, awareness and consideration for Trauma informed care/ ACES ; Mental health, safe spaces – then consider how we may need to adapt the care/ access provided to further engage people 	<p>Urgent Treatment</p> <p>St Helens Wellbeing service</p>
1d Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • Data provided by our Business Intelligence identifies a significant increase in patients attending Story Street requiring access to interpreters, use this data to explore inequalities or these patients when accessing primary care/GP services. • Social inclusion officer working with asylum seekers to gain bespoke feedback about the service • Analyse results from the recent patient service which is shared to patients from various protected groups and pull-out areas for improvement • Liaise with the comms team to develop feedback for different patient's groups. • Using the examples of good practice in the service- strengthen the feedback loops across all wellbeing services where we have captured the voices of clients experience to make the changes to 	<p>Urgent Treatment</p> <p>Primary Care</p> <p>Primary Care</p> <p>Primary Care</p> <p>St Helens Wellbeing service</p>

	<p>improve the service and then inform our public about these changes.</p> <ul style="list-style-type: none"> • Friends and family – easy read format development 	St Helens Wellbeing service
2a when at work staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> • Explore the national wellbeing diagnostic tool, is this something that can support the organisation and the workforce, what benefits will it bring. 	Workforce
2b When at work staff are free from abuse, harassment, bullying and physical violence from any source		
2c Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> • Review Employee Relations activity in relation to EDI Data (cross reference with action in people plan) 	Workforce
2d Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> • Carry out effective data monitoring from recruitment to exit by demographics. To develop an annual demographic report that will feed into the FREDIE annual report and agree any positive action as a result. (cross reference with action in people plans) 	Workforce
3a Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Sign off the Health Inequalities Strategy and embed it into the organisation following the clear roadmap for delivery against actions/recommendations whilst considering National Priorities along with CQC KLOE.	Leadership
3b Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Health inequalities to be reported within the FREDIE annual report to the executive board June 2023	Leadership
3c Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Do a comparison of data over the past years for GPG and WRES and include outputs in FREDIE annual report	Leadership



On behalf of the FREDIE steering group, I agree that this report is complete. A summary of the report will be submitted through the CEO update at the Executive Board. The report and its improvement plan will be monitored and actioned through the corporate governance framework. Updates will be taken through the people plan update to the Safe, Quality Services Committee and uploaded to the organisation's website.

Name: Andrew Burnell

A handwritten signature in black ink that reads 'Andrew L Burnell'.

Signature:

Title: Chief Executive Officer

Date: 01/02/2023