



FREDIE Annual Report 2023-2024



FOREWORD

This FREDIE Annual Report details the activities and work carried out by City Health Care Partnership CIC (CHCP) to enable the organisation to demonstrate its commitment to the principles of FREDIE which stand for: Fairness, Respect, Equality, Diversity, Inclusion and Engagement

The Annual report will be submitted to the Executive Board and will be published on our Equality, Diversity, and Inclusion web page.

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1. Introduction

City Health Care Partnership CIC (CHCP) is committed to developing, supporting, and sustaining a diverse workforce that is representative of the community it serves. Equally we are committed to the provision of services that respects our increasingly diverse populations and which promotes equality of access and care. The organisation continues to embed the principles of FREDIE weaving them into the company's business plans and strategies.

The FREDIE strategy takes into consideration the organisations strategic objectives and values, whilst also identifying the aim to deliver equity and fairness to all in our care and employment.

2. FREDIE Strategy

CHCP's FREDIE strategy is part of the organisation's People Plan. The strategy supports the workforce and help monitor the progress on the Equality initiatives and key outcomes which are reported to the FREDIE steering group. The other workstreams that form the people plan are Wellbeing, Recruitment and Retention, Learning and Development and Leadership.

Given the vast equality agenda, FREDIE also has its own strategy and objectives which are key to ensuring compliance with the Equality Act 2010 and the Public Sector Equality Duty, giving due regard to:

- Eliminate unlawful discrimination, harassment, and victimisation.
- Advance equality of opportunity between different groups and foster good relations between different groups.

3. FREDIE Steering Group

The key activities and accomplishments of the steering group during the period of this report have included:

- Oversight and monitoring of the FREDIE action plans.
- Continued to support three staff network groups, Race Diversity, Supporting Disability and Wellbeing (SDAW), LGBTQ+ providing support and guidance where required.
- Facilitating several FREDIE engagement events internally within CHCP and externally working with partner organisations.
- Contributed to the development of neurodiversity support pathways and guidance for staff and managers.
- Supported the development of a centralised reasonable adjustment budget and process.
- Continued to support the project search program offering opportunities for developing young people into employment.
- Contributed to the completion of national reports and action plans, monitoring development and compliance.
- Annual Report submitted to the Executive Board



- Reviewed and updated the FREDIE strategy, agreeing objectives for the year ahead.

4. FREDIE Objectives for 2023-24 include:

- Comply with National Equality Frameworks and Legislation introducing clear actions plans to bridge gaps.
- Incorporate Health Inequalities as a strategic priority developing a communication and oversight approach whilst aligning Core 20 plus 5 approaches operationally.
- Operationalise FREDIE throughout the organisation.
- Strengthen the principles of FREDIE through organisation leadership.
- Continue to promote FREDIE through Engagement

5. Health Inequalities

Health Inequalities are avoidable, unfair and systemic differences in health between groups of people or communities. To support and ensure people within CHCP's localities who are more likely to face worse health outcomes get the health services that they need and are connected to the clinical, social and environmental resources that enable them to have better health outcomes, a Health Inequalities Strategy has been developed.

The focus of the strategy reflects a service-led approach and aims to have services addressing access and experiences of service users particularly for those underrepresented and marginalised groups within our communities.

The NHS National Equality Delivery Standard (EDS), a toolkit which aligns with the health inequalities policy plays a key role in addressing health inequalities considering three service areas annually. The services reviewed for 2023-24 were: Integrated Sexual Health, Community Nursing and TB Liaison. The toolkit focuses on four areas:

- patients (services users) have required levels of access to the service.
- Individual patients (service users) health needs are met.
- When patients (service users) use the service, they are free from harm.
- Patients (service users) report positive experiences of the service

Following the review, any improvements identified are shared in an improvement plan which is monitored through the FREDIE Steering group.

To further enhance the organisations dedication to improving health inequalities the senior leadership approved three applications for staff to join the Humber and North Yorkshire ICB's Health inequalities fellowship which commences in April 2024. The programme aims to give fellows the skills they need to improve population health and reduce health inequalities within the organisation and across the Humber and North Yorkshire area.

6. Projects and Achievements

6.1: FREDIE CONFERENCE



Targeted at Band 7 managers across the organisation a FREDIE conference was held in November 2022. The theme for the event was 'micro-aggression' with the aim being to raise awareness of Diversity within the workplace, becoming familiar with some behaviours which may be seen as micro-aggression to those staff members facing challenges daily and empowering our managers to address these behaviours.

The session was aimed at this group of managers as they all supervise staff daily therefore would be in a better position to help to improve cultures by being able to recognise signs of micro-aggression within their own practice and that of their staff members.

The event was supported by the staff network groups who participated in real life experience group discussions encouraging lots of engagement from attendees.

Several poll activities were carried out throughout the event to capture the level of understanding of micro-aggression and how confident as managers they would be to intervene should they witness this behaviour within the workplace. The initial poll in the morning identified just 19% would be very confident, and 48% would be confident, the same questions were asked in a second poll later at the end of the session and both saw an increase with 40% being very confident and 56% being fairly confident.

Attendees were asked 'how would you deal with any concerns of micro-aggression that are raised with you following this event'. Some of the responses captured are shown below:

- More confident in how to challenge and the language to use and not to be a bystander.
- Consider all factors. Observe language barriers. Welcome feedback and understand and apologise if not supporting.... Learn from each situation.
- Direct discussion with both the recipient of the aggression and the aggressor.
- Challenge and call out as appropriate to the situation with increased confidence and knowledge
- Listen to the person raising the concern and find out what they want the outcome to be and act accordingly.
- Not make presumptions.
- Try and step in and not be a bystander but aim to raise and reduce impact.

The attendees were all asked to identify at least one specific action/objective that they would take back to their teams to contribute to improving culture. It was interesting to see that number of responses that said they would discuss this and other FREDIE related topics at regular team meetings and some that said they would like to put this session on to their own teams, at team meetings, time out sessions. Other comments included being aware of own behaviours, use words and actions carefully, try to get a better understanding of their team colleagues' differences and use empathy when holding sensitive conversations.

A follow up survey monkey will be sent to all attendees asking them to feedback on their objectives from the day.



6.2: Armed Forces update:

Since the previous update, CHCP has successfully achieved the Defence Employer Recognition (ERS) Silver Award and were accredited Veteran Aware.

To achieve the ERS Silver Award, CHCP introduced a guaranteed interview scheme for Veterans and a dedicated Reservists Policy providing Reservists with 5 days paid leave for annual training. The Armed Forces community is now considered in policy development across the organisation as they are now included in the equality monitoring form.

The Veteran Aware accreditation acknowledges CHCP's efforts to not disadvantage Armed Forces community members. Education has been offered to all staff to complete the Armed Forces e-Learning programme and there are 4 staff members Armed Forces Champion trained. Champions training is still available to staff in each service.

Furthermore, CHCP pledged to Step into Health which enables us to connect with members of the Armed Forces community via their candidate management system. Spouses or dependents of an actively serving Armed Forces person can be signposted to other organisations because of deployment and having to move to another location. This works both ways where existing staff members may leave our organisation, or we are referred potential candidates with relevant experience to help fill our job vacancies.

For the remainder of 2024, there are plans to continue establishing and building on relationships with local and national Armed Forces organisations to share best practices.

6.3: Social media post for Browns



Steve, James, Jill, and Vicky from the St Helens Wellbeing Team visited Browns Respite Centre in Parr to deliver Wellbeing Champion Training. They had a fantastic welcome from staff and service users and had a lovely morning together, looking at all the wellbeing services available and how to refer in. Jill delivered oral health messages, looking at dry mouth and how to clean our teeth properly. Vicky answered



lots of questions around vape safety, also keeping homes and vehicles smokefree. Great partnership working.

6.4: Staff Network Groups

CHCP continues to support three staff network groups: Supporting Disability and Wellbeing, LGBTQ+ and Race Diversity (formerly BAME). Following a workshop which was held in 2023, the groups have been re-launched. To promote the re-launch we have had leaflets developed and printed which not only have been distributed by group members within their workplaces but also in the induction packs for new starters. In addition to this we have developed a video which has been promoted across the organisation and can be found on CHiPS, the organisations internal social media site. Membership numbers for each of the groups are:

- Supporting Disability and Wellbeing 40
- LGBTQ+ 22
- Race Diversity 27

Membership includes individuals who identify with the associated protected characteristic along with allies. Some of the work that the groups have involved in over the past year includes:

- Contributed to the development of the video and the design of the leaflets.
- Supported FREDIE events.
- Taken on board concerns raised regarding IT access for some staff who have a learning difficulty as a result of a process of being able to record the needs of individual staff is underway.
- Taken on board concerns raised by staff members regarding bullying and harassment from patients/service users, as a result a full review of the policy for Prevention of Management of Violence and Aggression at work is being undertaken.
- Supported with local pride events, carrying our promotion of the events and particularly regarding Hull Pride many network group members were in the parade and facilitated stalls in the wellbeing tent.
- Chairs represent CHCP by attending regional Staff network of network groups, sharing and learning from other organisations.

6.5: Investors in Diversity

CHCP has gone through an assessment for re-accreditation of the Investors in Diversity award carried out by the National Centre for Diversity. The assessment measures the organisation against the principles of FREDIE 'Fairness, Respect, Equality, Diversity, Inclusion and Engagement' through on-line surveys and face to face interviews. Following the assessment CHCP have been awarded as Investors in Diversity Silver.

The national centre for diversity also recognises and award organisations on their inclusivity in their top 100 inclusive organisation ratings, CHCP is currently ranked as 20th in these ratings.



6.6: ICB partnership working

Through building relationships, the FREDIE lead has worked collaboratively with other EDI Leads from across the Humber and North Yorkshire (HNY) system on several projects which contribute to supporting our people to have the best experiences whilst in our employment.

- The HNY Inclusion Assembly was formed, its membership to the group includes the chairs of staff network groups from individual organisations, EDI colleagues and senior leaders from across the partnership. The assembly supports pieces of work including:
 - Development of the HNY Inclusive Language Guidance, a tool to support with holding sensitive conversations to ensure our people regardless of their background feel safe and welcome within the organisation. The guidance can be accessed here: [HNY Inclusive Language Guidance](#)
 - Black Futures and Disability Futures, which came about as the assembly recognised that although we mark the national events, Black History Month and Disability Month, the barriers that people face don't only exist for one month per year and we there should be continuous conversations being held to support these groups of staff. Links to both pages can be found here: [Black Futures](#) and [Disability Futures](#)

6.7: Internal and External Partnership Working – focussing on patients with a protected characteristic

CHCP has demonstrated its commitment to partnership working on a number of occasions, with good practice demonstrating inclusive compassionate care for patients with a protected characteristic, below are some examples to share:

- A partner agency contacted CHCP for 'urgent' tracheostomy training for staff caring for a patient with a disability who had identified their chosen setting as their preferred choice of care and death. CHCP responded by facilitating an evening clinical training session free of charge. This enabled the patient to be admitted to the setting and receive care that was responsive and dignified with staff who had received robust training. The patient was able to die in their preferred place of care.
- An older person who has a learning disability, complex health and specific nursing needs wished to access social activities provided by a partner agency. This would also enable some respite/short break for their Carer. The partner agency required support to meet the health needs of this patient in order to maintain their safety and wellbeing. CHCP supported the partner agency through training staff, modelling quality care and robust communication with the patient and their Carer. The patient was themselves able to participate in the bespoke training and specified what was important to them, despite them being non-verbal. The service has reported they feel much more reassured and safer, and the patient is now inclusively able to participate in leisure activities, including engaging with their peers.



- A patient experiencing rural isolation and poverty because of their health condition had requested a service closer to home as they were experiencing difficulties with transport and the cost of regular transportation for health care. After a series of in-house training sessions, a CHCP Treatment Room team are now able to meet the needs of this patient, reducing the financial burden and anxiety associated with travelling out of area. This intervention positively impacted the patient and ensured their needs were holistically met, in their own community.

7. Workforce Demographics

This section of the report provides detailed information about CHCP employees which has been taken from the electronic staff records.

The information looks in detail at numbers of staff in post and provides information related to age, gender, ethnicity, religion, disabilities and sexual orientation and staff groups across CHCP CIC as 31 March 2024. The total number of the workforce reported on is 2,453 and is inclusive of 2063 substantive, 52 fixed term and 338 bank staff.

- ***Age Profile***

When considering the age of the workforce, the age range 31- 35 reports as the highest with a headcount of 326 (13.29%). When considering recruitment and retention regarding age, there is a clear indication that CHCP is attracting a younger workforce with the highest age band of those recruited over the year 2023 – 2024 being 26 – 30 with a headcount of 69.

- ***Gender Profile***

The gender of the workforce remains consistent with previous years with 88.38 (2,168) identifying as female and 11.58% (284) identifying as male, there is not currently an option within the Electronic Records System to choose trans woman or trans man, this is a national system and is one of the changes proposed.

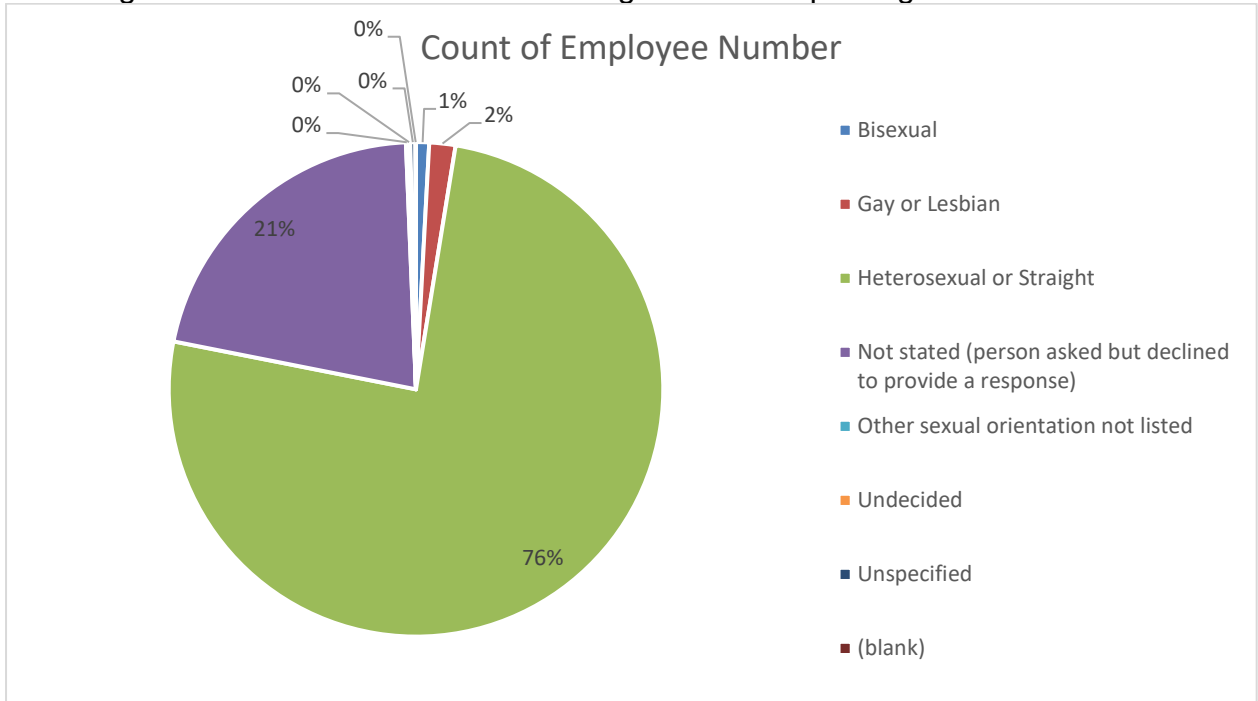
When considering the data within the Gender Pay gap report 2023, the data demonstrates, Females occupy 84.3% of the highest paid roles (5% decrease since previous years report) and 89.5% of the lowest paid roles. Whilst males occupy 15.6% of the highest paid roles and 10.4% of the lowest paid roles.

- ***Sexual Orientation***

The reporting in respect of Sexual Orientation is consistent with previous years with 75.54% declaring heterosexual, 1.71% Gay or Lesbian, Bisexual 0.86%, 1% being split between Unspecified, and undecided. When considering those that wish to not declare the percentage rate shows as 21.24%, a decrease from the previous year of



5%. The evidence suggests the reason for the reduction is due to new starters declaring their status rather than the existing workforce updating their records.



- **Ethnicity Profile**

The data remains consistent with previous years with white British being the prominent ethnicity across the organisation reporting at 90.46% of the workforce, all other ethnicities report at 6.28% and 3.26% of the workforce that choose not to declare their ethnicity.

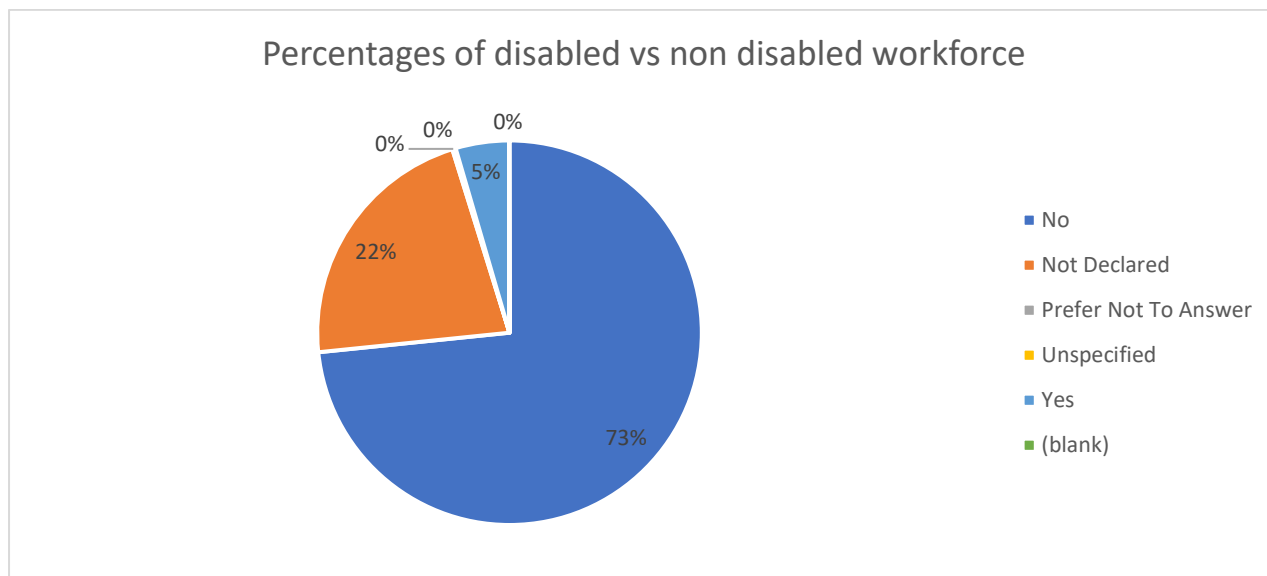
Whilst considering new starters through the reporting period March 22 to April 23, 9% of the new recruits identified with ethnicities other than white British, evidencing that CHCP is becoming a more diverse organisation,

- **Religion**

Although a slight reduction of (3%) since the previous year there are still 29.84% of the workforce that choose not to disclose their religion whilst 11.01% select other as an option. Christianity reports as 39.58%, Atheism reports at 18.14%.

- **Disability**

The staff disability network group is well attended, and members are keen to encourage members of the workforce to update their personal data within ESR, particularly regarding declaring a disability. However, despite this and regular communications in place (22%) of the workforce still choose not to declare their disability status. The chart below shows the percentage of those declaring a disability as (5%), an increase of 2% since the previous year. Those that state they are not disabled report as (74%).



The increase in people declaring their disability is positive and potentially shows that staff are moving away from the fear of disclosure, which has been reported as the reason for not declaring for many years.

8. Monitoring of Complaints by Ethnicity

Below table illustrates the number of complaints, concerns, compliments, and comments raised by patients, recorded by ethnicity.

Row Labels	Comment	Complaint	Compliment	Concern	Grand Total
Bangladeshi				1	1
Black African		1			1
Indian				1	1
Not stated	45	103	33	470	651
Other Asian				1	1
Other ethnic category				3	3
Pakistani				1	1
White - British	4	69	15	196	284
White – Other White				9	9
Grand Total	49	173	48	681	952

9. Human Resource Activity

9:1 Training

The organisation reports that 88% of staff are compliant with the FREDIE Training. The training is offered to all new staff as part of the induction programme and then again as an annual refresher session which can be done face to face or online.



There are a number of additional training packages offered which include, Hearing Impairment, Visual impairment, Autism, ADHD, and LGBTQ+ awareness. All of these are offered through the Electronic Staff Records (ESR) as online and face to face sessions.

9:2 Colleague Survey

The colleague survey has seven question that pertain to FREDIE, the table below shows the responses to each of the questions with 1 – 6 being split down into the protected characteristics: Ethnicity, Disability and Sexual Orientation

1. Does CHCP act fairly in regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? <i>The percentages below, show those that agree with this statement.</i>		
Ethnicity (data set = 33)	Disability (data set = 354)	Sexual Orientation (data set = 51)
45%	72%	78%
2. In the past 12 months have you personally experienced discrimination at work from any of the following: patients/service users, managers, colleagues? <i>The responses refer to those answered yes, they had personally experienced discrimination.</i>		
Ethnicity (data set variable)	Disability (data set variable)	Sexual Orientation (data set variable)
Patients/service users 9%	Patients/Service Users 8% Managers 6% Other colleagues 5%	Patients/Service Users 12% Managers 6% Other Colleagues 2%
3. Have you personally been bullied or harassed in the past 12 months. <i>The responses show those that answered yes to this question.</i>		
Ethnicity (Sample set = 34)	Disability (sample set = 355)	Sexual Orientation (sample set = 51)
3%	10%	6%
4. In the last 12 months how many times have you personally witnessed harassment, bullying or abuse at work from: patients/service users, managers, colleagues? <i>The response for this question breaks it down further into how many times i.e. 1 – 2 times etc.</i>		
Ethnicity (data set variable)	Disability (data set variable)	Sexual Orientation (data set variable)
Patient/service users	Patients/service users	Patients/service users



3 – 5 times = 12% Over 10 time = 2%	1 – 2 times = 1% 3 – 5 times = 10% Over 10 times = 6%	1 – 2 times = 2% Over 10 times = 4%
Manager and other colleagues 1 – 2 times = 3%	Manager and other colleagues 1 – 2 times = 1% 3 – 5 times = 3% Over 10 times = 1%	Manager and other colleagues 1 – 2 times = 4% 3 – 5 times = 2%
5. CHCP have a number of staff network forums, please indicate which, if any of which you are aware?		
BAME	Disability	LGBTQ+
87%	85%	81%
6. I believe CHCP is an inclusive employee and embeds the principles of FREDIE. <i>The organisations response rate to this question reports as 91%</i>		
Ethnicity	Disability	Sexual Orientation
85%	87%	90%
7. I am aware of CHCP's EDI vision, the principles of FREDIE. <i>The organisations response rate to these questions reports as 97%</i>		
Ethnicity	Disability	Sexual Orientation
94%	97%	96%

On comparing the data against the colleague survey responses for 2022, the only significant difference identified is regarding question three. The response rates declaring discrimination regarding sexual orientation has doubled for both patients/service users and managers.

There has been a positive increase to the final two questions in relation to awareness of the principles of FREDIE and staff believing that CHCP is an inclusive employer, however, whilst recognising that data sets are low, the responses to the first four questions are somewhat concerning and further work needs to be undertaken to explore why staff continue to report bullying, harassment and discrimination.

9:3 Policies and guidance relating to equality and diversity include:

All Human Resource Policies go through a process of review, which includes the completion of an Equality Health Inequality Impact Assessment, staff consultation and



ratification by the policy development group. The following policies are all linked to FREDIE.

- Equality Policy
- Recruitment & Selection Policy
- Flexible Working Policy
- Grievance Procedure
- Anti-Bullying and Harassment
- Trans Inclusivity
- Disciplinary Procedure
- Family Leave Policy inclusive of Maternity, Paternity and Adoption
- Accessible Information Standards Policy
- Whistleblowing Policy
- Supporting Employee Attendance Policy
- Reasonable Adjustments, Managers Guide
- Workplace Adjustment Passport

10. Conclusion

To conclude, we are proud once again to report on the great work and achievements that have occurred within this reporting period demonstrating a real commitment for embedding the principles of FREDIE across the organisation. We will continue to engage with the workforce promoting these principles to bring about a culture where all staff feel comfortable and confident to be their own self and will explore further the responses to the colleague survey findings. We will continue to seek further examples of good practice which will be shared in future reports.

End of Report