



Equality Delivery Standard 2024 Report

Name of Organisation	City Health Partnership CIC	Organisation Board Sponsor/Lead		
		Andrew Burnell Chief Executive Officer		
Name of Integrated Care System	Humber and North Yorkshire			

EDS Lead	Miriam Sykes	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	28/11/2024 Domain 2 06/02/25 Domain 3	Individual organisation	EDS 2 held a staff engagement session to carry out the scoring	
		Partnership* (two or more organisations)	Humber NHS foundation Trust	
		Integrated Care System-wide*		

Date completed	10 th February 2025	Month and year published	March 2025
Date authorised	03 rd March 2025	Revision date	March 2026



FOREWORD

This Equality Delivery Standard22 (EDS22) Report details the activities carried out regarding the review process. It discusses the current rating of the organisation, identified improvement plans and how EDS22 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 referred to in the CEO Board update and published on the organisation's web site.

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1. Introduction

The EDS22 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 EDS22 process to the FREDIE steering group it was agreed that the three services to review for City Health Care Partnership CIC would be:

- Children's Community Nursing
- Bee at Home
- NHS (Hull) Talking Therapies

The FREDIE lead worked with representatives from these three services, discussing evidence to use against the scoring matrix. Between them the scores were agreed. There was no engagement with the community groups and the evidence, and scores were based on data collected, i.e. Patient survey, friends, and family testing etc.

For Domain 2, the strategic lead for FREDIE worked with the HR team to pull together the evidence and identify where improvements were required. An engagement event then took place with several staff from the three staff network groups and the staff side chair to agree the scoring.



For Domain 3, the strategic lead for FREDIE working with the Chief Operating Officer as the Executive Lead (FREDIE) and the Director of Company Development and People agreed the evidence, then linked in with Humber Foundation Trust for an independent review.

3. Evidence

The 2024 review considered three services: NHS Hull Talking Therapies (looking at CHCP as the lead provider and MIND as an external provider), Community Children’s Nursing and Bee at Home. Core20Plus 5 for adults and children have both been considered throughout the review with the particular focus being around mental health. The scores have been taken from each service and an average provided.

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	<p>Through insight and discussions with all the three services there is evidence to suggest that each consider access as a priority when providing patient care. The offer of the delivery of care is vast and includes face to face and digital for example, teams, zoom and telephone. A wide range of venues are available and offered across CHCP’s geographical area, including clinical environments, schools, colleges, patients/service users’ home and social care facilities. Venues outside of the patients’ homes are risk assessed for accessibility. Ease of access to services is inclusive with several routes being available and initial assessments being triaged to determine the individual needs and relevant pathways.</p> <p>Some of the services offer patient choice, with patients/service users having the opportunity to select times and venues most appropriate to their needs, offering patient autonomy, flexibility, and inclusivity particularly to those who identify with a protected characteristic. Other services are currently scoping this out with the plan to introduce it later in the year.</p> <p>The Community Children’s service work regularly with the health teams in Special Schools providing access to them by the children who are on their caseload. Training and support have been provided by the health team, educating staff to enable them to provide safe and effective care for the child or young person whilst in attendance at school. This service is looking to explore a specialist nursing hub, taking a one location approach to support all aspects of the patient care.</p> <p>Services agree that communication is key in enabling patients/service users to access the correct level of care, therefore, to support the needs of individuals there are resources in places such as longer appointments where the need of an interpreter is identified, communication boards, translation of letters/texts and experienced Makaton users. Referrals, assessments, and personal care records flag where there are communication needs or where there are reasonable adjustments that are required.</p> <p>Within CHCP there is a dedicated Accessible Information Standard team who take a responsibility to support all services to meet the bespoke needs of patients/service users. There are also various training packages in place to provide awareness around neurodiverse conditions, mental health and other health conditions and</p>	2

		<p>disabilities, also LGBTQ+ which support colleagues to gain an understanding of some of the challenges that people from protected groups may experience when accessing services.</p> <p>Hull Talking Therapies have funded several clinicians to train to be PINK therapy accredited, providing Clinical Professional Development working with Gender, Sex & Relationship Diversity (GSRD) clients. The service has also invested in Acceptance and Commitment Therapy (ACT) training to increase effective treatment for patients with a long-term health condition.</p> <p>All services work in partnership with other health care and or social care providers collaboratively to support a holistic referral pathway for patients/service users accessing the appropriate care required.</p>	
	<p>1B. Individual patients (service users) health needs are met</p>	<p>Initial holistic assessments/triaging and patient discussions provide services the opportunity to really understand the health needs of the patients/service users and to develop individualised care records. Using tools such as NICE guidelines, CORE20Plus5, NHS Talking Therapies Manual 7 and other best practice guide.</p> <p>All three services evidenced that they were adaptable to meet the needs of the patient/service user, this could be through extending patient appointments or decreasing appointment times where the length of the appointment may have a detrimental effect on the patients mental or physical health. Offering care from a variety of venues, including patients' homes, and considering the environment that the care is taking place in, are there any reasonable adjustments to consider, for example inclusive signs and devices which speak aloud information</p> <p>Working in collaboration with other health and social care providers/services for alternative care such as epilepsy and asthma, implementing care plans and emergency procedures. Refining referrals processes and introducing a single referral to support with the patient/service users receiving the right care, first time, by the right service and using a no wrong door approach in real time. Taking a MECC approach and partnering with other organisations such as the voluntary and private sector to ensure the needs of the patient/service user are met.</p> <p>Training and development are a key function with staff being offered the right level of training and education across all services to enable them to understand the needs of the patients/service users. This will be rolled out to others that have an input into the individual's needs, such as family members, volunteers, i.e. Carers Service.</p>	<p>2</p>

<p>1C. When patients (service users) use the service, they are free from harm</p>	<p>Patient safety is at the forefront of all services across CHCP which has been evidenced by the three services being reviewed. Services work with the safeguarding team who provide advice and guidance relating to safeguarding concerns raised. CHCP run SAFE meetings (Safeguarding for Everyone) which are virtual 'top up sessions' facilitated by the Safeguarding Children and Adult practitioners, covering a range of safeguarding topics. Safeguarding Children and Safeguarding Adults training are both mandatory across the organisation and practitioners working with patients/service users are required to undertake level 3 training. Compliance on this training is monitored and reported through Service Safety and Quality meetings.</p> <p>The Community Children Nursing Team work closely with safeguarding agencies. This includes being active members of core groups, strategy meetings and reviews. They are co-located with the Children who are Looked After Team – and can share information to benefit the CYP care. The team are professionally curious and have training in safeguarding practice, which is mandatory.</p> <p>Services are encouraged to use Incident Reporting and 4c's making sure that they are reporting in a timely manner and the Bee at Home team have been rolling out extra training to ensure that staff are confident to raise these and refer on to appropriate services where any self-harm, mental health concern or self-neglect are identified.</p> <p>NHS Hull Talking Therapies ensures that all clinicians are trained and accredited to offer evidence based recommended treatments. This is monitored by providers, i.e. HEY MIND submitting safety and quality reports which are reviewed at quarterly contract meetings. HEY Mind, are a trauma informed organisation carrying our trauma informed practice looking at what the individual needs as opposed to what is wrong with the person.</p> <p>Risk assessments are carried out and documented by all the services being reviewed with outputs including safety plans which are monitored throughout the patients/service user clinical/care interventions, lessons learnt, flags to patient records, maintenance of equipment, storing off and administering medication.</p> <p>Within CHCP there is a medicine management team that support services by attending team meetings to discuss trends/themes and medication errors or concerns.</p> <p>Services consider the individual needs of the patient/service user offering bespoke support such as a choice of gender in the therapy services, which may support with Psychological Safety, matching carers with the</p>	<p>2</p>
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		<p>interests of the service user in the Bee at Home service. Communication models and tools to support patients/service users where there may be language barriers.</p>	
	<p>1D. Patients (service users) report positive experiences of the service</p>	<p>CHCP collects data from several sources such as the patient experience survey, friends and family testing, compliment cards letters and gifts, social accounts interviews. Feedback received is utilised to support with action plans to continuously improve the services for their users.</p> <p>The weekly CEO blog captures qualitative comments that celebrate services that have provided patients with dignity and respect. There are also processes in place to review any negative experiences to ensure we learn lessons from these and use this as a quality improvement mechanism.</p> <p>The Bee at Home service took part in a Research from the university which linked in with their patients, there were lots of positive responses and none were negative. They were also included in the social accounts for 2023/24, and again not negative responses were received.</p> <p>NHS Hull Talking Therapies report a low percentage of complaints and concerns and have provided a month's overview as below:</p> <p>Experience Amount Percentage Very good 82.353% Good 5.882% Neither good nor poor 0 0.000% Poor 0 0.000% Very poor 2 11.765% Do not know 0 0.000%</p> <p>HEY Mind shared that over the last six months a total of 143 friends and family questionnaires have been completed at the end of therapy with patients, 120 (83.9%) patients answered the service provided was very good and 23 (16%) patients answered the service provided was good.</p>	<p>2</p>

The Children’s Community Nursing Team have recently sourced 10 new tablets to enable Children and Young People and their families to provide interactive feedback. They are also working with the special schools to see how they communicate with children and young people so that care plans can be updated.

Some examples of patient satisfaction have been provided as below:

Stuart, was excellent, made me feel very relaxed from the get-go , helped me tremendously with insights into my own being , took my feelings into consideration at every turn ,a brilliant therapist, I walked away feeling like I could cope with whatever is going be thrown at me in the future . Highly recommend him .

“I have found my experience a good one, I was treated with respect at all times, I was given food for thought which will enable me to be able to work on and in the long-term make changes and go forward with my life.”

“I was worried at first as I have ADHD and CBT has never worked before but even after the first session, I could feel a positive change because the sessions were tailored to my ADHD brain. I am really happy and grateful for the service; it has helped me understand and approach my problems.”

*“To the amazing nursing Team, Thank you for all you do for*****”*

“I just wanted to say thank you to every one of you for your support yesterday, we truly appreciate it. The students from each year group very much valued the sessions. I know I had a discussion with a few of you regarding the first years maybe being slightly overwhelmed by the information. However, the students reported feeling very reassured by the information and it settled a lot of anxiety they had about clinical placements.

So, a massive thank you from the team, same again next year??”

“Parent telephoned the service to discuss child's care and thanked staff for the care they provide to their child. The family do not see the service as a care facility – more like a second home.”



<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. OccWellbeing provide a wide range of services, including psychological wellbeing. The Psychological Wellbeing Practitioner can complete assessments and referrals to appropriate talking therapies. A recently updated Colleague Health & Wellbeing Support 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 HNY is available for all staff and in addition to this there is the option to use other free wellbeing apps such as Headspace and Unmind. Career conversations are carried out regularly giving the opportunity for any staff with a protected characteristic to discuss their concerns regarding their health conditions and their working environment and managers are encouraged to hold wellbeing conversations as part of supervision meetings and development reviews. There is a flexible working toolkit in place which 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. We have embedded Health & Wellbeing Champions across CHCP and have over 80 colleagues signed up to this role, the aim is to have Champions in each service area/team 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 Guardian . 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. CHCP also have an Employee Assistance Programme in place which offers all colleagues access to free confidential, around the clock support, access to professional support services, both emotional and practical, Support for family members and an online wellbeing portal with a catalogue of resources and access to live chat.</p> <p>There is a dedicated Health & Wellbeing inbox where monthly Health & Wellbeing Flyers are shared to promote various support and resources to all colleagues. During Mental Health Awareness Week where the theme was movement, physical wellbeing was promoted. We highlighted the free exercise apps available for colleagues (e.g Couch to 5k and active 10), shared home workout videos including guidelines to improve fitness and wellbeing for older adults and wheelchair users. CHCP colleagues can also access discounted gym memberships and CHCP social has started a running and walking group to help provide opportunities for staff to exercise.</p> <p>The engagement group held on 28th November discussed the last point of the criteria for level 3 which says 'The organisation uses data to support their workforce in making healthy lifestyle choices. Examples used to</p>	<p>3</p>
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		<p>support this included: reporting on national statistics when considering what initiatives to offer staff, such as the Liver Health checks. OccWellbeing have a record of all staff that attended these checks. There is also data to back up how many people attend the lunch and learn sessions which promotes different lifestyle choices. Given the wellbeing offers and the social groups now established the decision was to move the organisation to level 3, excelling activity.</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. The new resolution policy incorporated the anti-bullying and harassment policy. 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 Abuse Policy and Guidance which includes a record of conversation template to help assist conversations and identify how we can support the employee and access support appropriate to their experiences. A White Ribbon and more Domestic Violence working group has been established and they created a colleague survey to identify any gaps in the support available. This has resulted in emergency vouchers being available for staff, dedicated DAP practitioner sitting with the safeguarding team and the creation of a dedicated inbox. 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>The colleague survey 2024 identified that 98% 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>CHCP has introduced a Restorative Just Culture and as part of this have introduced a Resolution policy. The process introduces a 'Circle group' which is led by the FREDIE lead along with an independent senior manager and a HR representative. The Circle Group will consider supportive interventions and appropriate recommendations for resolution in relation to bullying, harassment or discrimination cases.</p> <p>The Resolution Policy aims to promote civility and respect within the workplace by encouraging constructive, timely and lasting solutions to workplace issues. It also aims to support a workplace environment and culture which is free from discrimination and bullying. This means recognising that</p>	<p>2</p>

bullying and harassment in the workplace is a serious issue that must always be addressed whenever it occurs.

CHCP expect all staff to consistently demonstrate the principles of FREDIE. However, as part of professional and other standards set out in the CHCP People Promise there is also an expectation that staff take action and ownership to challenge inappropriate behaviour and compassionately address concerns, and that our organisation and its leaders create an environment where people feel safe to speak up and have the confidence that concerns will be addressed.

CHCP recognise that a positive working environment and good working relationships support colleague wellbeing and engagement. This can also lead to better performance, improved retention, and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for our colleagues, and it is good for our patients and service users.

The organisations Disciplinary Policy has also been amended to take a Restorative Just Culture approach. CHCP CIC want to ensure that when something happens that wasn't as expected that we follow a process to decide what actions need to happen next. The objective is to encourage improvement where necessary and ensure the practice of lessons learnt is embedded in the organisation. CHCP CIC will ensure that any disciplinary matter is dealt with fairly and that steps are taken to establish the facts using the Just and Learning Culture principles and to give employees the opportunity to respond before taking formal action. Should it be identified from the Just and Learning Culture principles that an investigation is required, , if it is considered there may be a case to answer, a decision may be taken to refer the findings to a disciplinary hearing for the matter to be considered further and dealt with fairly and appropriately.

The colleague survey results for 2024 show that 4% of the white workforce and 2% of the Ethnic minority workforce have personally experienced bullying and harassment in the workplace within the past 12 months, a reduction for the ethnic minority groups from the previous year, which was reported as 4%, this evidences that the percentage for the ethnic minority groups is reducing.

The engagement group discussed point 4 of the criteria for level 3 which states 'The organisation provides appropriate support to staff and where appropriate works with VCSE organisations to provided support for those with protected characteristics who have suffered verbal and physical abuse'. The group were not sure that this happened and agreed to keep the level as 2, achieving. Taking an action to explore this further before the 2025 review.

	<p>2C. Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>We have 85 Health & Wellbeing Champions across CHCP who a team of volunteers from across the organisation are that are available for colleagues to contact for support and signposting appropriately.</p> <p>Our Occupational Health Service provides a wide range of services, including psychological wellbeing assessment, signposting to self-help information, and making onward referrals to talking therapies. The Colleague Health & Wellbeing Support Guide shares links to the various wellbeing Apps, information on the CBT workshops, Empower in the workplace programme, financial wellbeing and a wide range of other services and resources. We have a Managers Guide and Toolkit to Supporting Employee Attendance in place to provide line managers with clear guidance in relation to supporting employees and covers topics e.g. support with Stress related absences, Mental Health concerns and Domestic Abuse. In addition to this we have the HNY Our people app and have advised staff of other free wellbeing apps that are available.</p> <p>CHCP now have an Employee Assistance Programme in place which offers all colleagues access to free confidential, around the clock support, access to professional support services, both emotional and practical, Support for family members and an online wellbeing portal with a catalogue of resources and access to live chat.</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 several 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> <p>CHCP currently has three staff network groups: BAME, Disability and LGBTQ+ the meetings held are dual purpose, they offer peer support whilst also providing members the opportunity to be part of organisational discussions and decision making.</p> <p>The group discussed the pooling of Unions, with the TU Chair who advised the pooling of unions is not recommended, this is across the patch and not just within CHCP. CHCP offer a few different unions for staff to access, therefore the group agreed that as an organisation we are excelling, therefore have scored at level 3.</p>	<p>3</p>

		<p>The engagement group discussed the improvement in the offers during the past year which include: Managing Work Related Stress Policy and Guidelines Health and Wellbeing Champions of which there are 85 Ables Futures Support and the Employee Assistance programme is now live. Given the changes, it was agreed to keep this section as level 3, Excelling Activity.</p>	
	<p>2D. Staff recommend the organisation as a place to work and receive treatment</p>	<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 key results included:</p> <ul style="list-style-type: none"> • 83% of employees agree that CHCP takes a positive approach to health and wellbeing • 78% recommend CHCP as a place to work • 91% would recommend CHCP to friends/family for care <p>CHCP believes a happy/healthy workforce plays a critical role in contributing towards positive patient experience/outcomes.</p> <ul style="list-style-type: none"> • 95% were likely to recommend CHCP clinics/services to friends and family if they needed care/treatment? • 95% felt CHCP clinicians understood their symptoms and involved them in decisions • 98% felt they were treated with care and respect <p>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 and Menopause Friendly employer. The Colleague Health & Wellbeing Support Guide highlights the support and resources that is available for staff to access, and the newly created Perks and Rewards Booklet showcases what is on offer to CHCP colleagues. We celebrate the contributions and achievements of our employees through our recognition and reward programme, including</p> <ul style="list-style-type: none"> • Long Service Award - honouring employees' dedication to CHCP and the wider NHS • CHCP's Top 100 scheme - led by our Chief Executive, acknowledges outstanding employees on a quarterly basis • Celebrating Excellence Staff Awards - an annual event where colleagues are nominated and recognised for their exceptional work. 	<p>3</p>



		<p>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.</p> <p>Where surveys are carried out, the data is analysed considering experiences of those who identify with a protected characteristic (particularly ethnic minorities, LGBTQ+ and Disability) in comparison to the staff that don't identify with any of these groups.</p> <p>The engagement group discussed that the scoring guidance does say that we should be reporting over 85% of staff would recommend the organisation as a place to work, on this year's colleague survey the response rate was 78%. They also discussed that when recommending CHCP to family/friends for care the response rate was 91% topped with the wellbeing responses, 98% felt they were treated with care and respect and 83% agree CHCP has a positive approach to health and wellbeing. Taking a holistic approach to all these responses it was agreed that the organisation is still working to the level of 3, excelling activity.</p>	
Overall scores for domain 2.			11
3. Inclusive Leadership	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	<p>CHCP Board and leadership team demonstrate their understanding of and commitment to Equality and Health Inequalities through several 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 of 'Fairness, Respect, Equality, Diversity, Inclusion and Engagement.' The chief Executive for the organisation shows their commitment through their statement of internal control which demonstrates the organisations systems for managing risk that impact on the delivery of safe quality care. The statement of internal control is presented to and agreed by the Audit Committee</p> <p>Health inequalities are a priority on CHCP's Strategic Business Plans which are embedded through the organisation and its services. Health Inequality and Equality Impact assessments are a requirement for planning service change and transformation, equally they are a requirement for policy and strategy development, all assessments are signed off by senior managers within the service. There are several initiatives in place which contribute to the health inequality agenda which are supported by the leadership team, these include:</p> <p>Armed Forces Covenant - We are currently a silver award holder for the ERS, we achieved this by introducing a guaranteed interview scheme for Veterans and a dedicated Reservists Leave policy providing Reservists with 5 days paid leave for annual training. We are working towards gold status and because of</p>	3

this have now increased the reservist leave to 10 days per year for training and mobilisation, which is a requirement for Gold. Pledged to Step into Health in 2023. We have attended NHS careers fairs and other recruitment events related to the Armed Forces community in Hull and East Riding of Yorkshire. We use the Step into Health recruitment system to send those who identify CHCP as a potential employer a full list of our current vacancies. We also offer career conversations with our Learning Resources team and guaranteed interview scheme. Trained Armed Forces Champions who signpost staff and patients to various organisations such as Op Courage. Attend multiple forums across Hull and East Riding of Yorkshire. Had an Armed Forces forum/staff network group. However, due to low attendance, it has become more of a virtual group, where we email any updates related to the Armed Forces, anything that may impact a policy or communication promotions. Accredited Veteran Aware. This was presented to Chief Exec by the Lord Mayor. We support both patients and staff members by ensuring Armed Forces community members maintain their place in waiting lists if they must move due to a spouse or family members deployment. Alongside the above, since signing the covenant we have achieved the following:

- Increased support for service members and veterans.
- Publicly recognised the Armed Forces community.
- Recruited Armed Forces community members through the guaranteed interview scheme.
- Increased our community engagement with the local community.

Race at Work Charter - Progress on the Race at Work Charter is monitored through the FREDIE Steering Group, which is chaired by the FREDIE Executive lead, we have been working through the five areas for action, reporting on ethnicity data, a research study has been carried out by one of the senior leader team regarding career progression relating to our ethnic minority groups and we are currently in the progress of developing a Racism Awareness package. All the senior management team have agreed FREDIE objectives to ensure there is fairness provided across the organisation to all colleagues. We also have an action plan which has been developed following the Too Hot to Handle report, which refers to The Charter. This action plan is owned by the Race Diversity staff network group.

Wellbeing Commitment – a Senior Leader undertakes the role of Wellbeing Guardian; they attend the wellbeing champion meetings (we have 80+ champions) leading conversations and providing guidance and advice. They also provide a voice at Director level for making change which supports with improving wellbeing such as introducing the pathways for referrals i.e. Dyslexia which CHCP support the assessments of and fund through an external provider.

Additionally, the leadership team has recently agreed for two staff members to take part on the Humber and North Yorkshire IC's Health Inequalities Fellowship programme. CHCP contributes to improving Health Inequalities from a system approach and has senior representation on the East Riding Population Health Community of Practice Group

CHCP's health inequalities strategy, which can be found on our website: <https://www.chcpcic.org.uk> has been developed to support the organisation monitor health inequalities across the many services provided, we are currently working on the delivery of the strategy through a service led approach. Reporting of risk will feed through our governance frameworks.

The organisation employs an executive lead for FREDIE who is a member of the Executive Board and Safe Quality Services committee, taking regular updates on the progress of both FREDIE and Health Inequalities. They also commit to supporting the staff network group chairs/vice chairs through peer review meetings and are themselves a member of the Race Diversity Group. All three staff network groups, LGBTQ+, Disability and Wellbeing and Race Diversity have senior members in attendance as either members identifying with a protected character or as sponsors/allies.

The FREDIE executive lead chairs the FREDIE steering group which is attended by staff from across the organisation who take on the role of FREDIE Champions, these representatives are all decision makers who can contribute to and manage change, the chairs/vice chairs of the staff network groups are also active members to the group. The Steering group reports progress and or risks to the Safe Quality Services Committee.

Social Value has clear connections to the social determinants of health inequalities with the four focus points being community, sustainability, wellbeing and diversity, CHCP are exploring current understanding and how to build our knowledge within this area which will contribute to developing a strategy, which may be a combined strategy with environmental, Social and Governance incorporated.

All financial planning whether looking at cost improvement programmes or procurement for service delivery require a quality impact assessment, these assessments consider any health inequality impact on service users.

City Health Care Partnership have accreditation from the National Centre for Diversity with a silver award and have received 7th place in the 2024 top 100 UK most inclusive organisations. The Director team and other Senior Managers took part in the assessment by attending interviews to discuss the progress of FREDIE within the organisation. Having the accreditation goes towards our increased positive responses within the colleague survey which reports 93% of the responses agree that CHCP is an inclusive

		<p>organisation, this has increased year on year. It is suggested that over the coming year a return on investment takes place to consider what is the cost compared to the return on investment.</p>	
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>The organisation reports to the executive board on progress and actions plans regarding the Workforce Race Equality Standard (WRES) the Gender Pay Gap (GPG), and the Equality Delivery Standard (EDS), currently as an independent organisation we are not required to report on the Workforce Disability Equality Standard (WDES).</p> <p>The FREDIE Steering group meets quarterly, there is a comprehensive action plan in place which is monitored through the group with any risks being discussed and escalated to the safe quality services committee.</p> <p>Health inequalities are a priority on CHCP's Strategic Business Plans which are thread through the organisation and its services.</p> <p>The Health Inequalities Strategy which was developed through visioning workshops facilitated by an external agency was presented and ratified by the Executive Board in November 2022, this strategy is to be used as the main toolkit for addressing and managing health inequalities across the organisation. The chief executive officer is the executive lead for this strategy</p> <p>Health Inequality and Equality Impact Assessment are completed for policies, projects and service change and are signed off by the Assistant Director/Head of Service.</p> <p>Equality and Health Inequalities will be included within the Fit for Future programme.</p>	<p>3</p>
	<p>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</p>	<p>The FREDIE steering group which is chaired by the executive lead for FREDIE meets quarterly and monitors performance and progress against the clear organisational FREDIE objectives, through a comprehensive action plan. The group which is attended by senior managers from across the organisation also review the action plans identified through the national standards, i.e. WRES/GPG. Progress is fed into the board by the executive lead who presents an annual report. In addition to the annual FREDIE report there are quarterly FREDIE updates included in executive board papers and safe quality services committee papers. The steering group escalates any risks to the safe quality services committee.</p>	<p>3</p>



		<p>The full senior management team meet weekly, the meeting is chaired by the chief executive office and provides an opportunity for open discussion regarding service delivery, workforce concerns, lessons learnt. Minutes are taken with actions being reviewed and monitored.</p> <p>CHCP is a menopause friendly employer and recognise the impact that the menopause may have on the workforce, the Equality and Human Rights Commission (EHRC) new guidance on menopause in the workplace, sets out employers’ legal obligations under the Equality Act 2010, expresses the need to raise awareness and have a platform to support employers and employees, The guidance which sets out the legal obligations will be incorporated into our current menopause guidance and reasonable adjustment passport.</p> <p>This year’s review has considered the datasets from the Workforce Race Equality Standard (WRES), the Workforce Race Diversity (WDES) and is confident to report that there has been a slight increase of ethnic minority and disabled staff being appointed to band 7 and above roles.</p>	
Total for Domain 3			8
Overall organisational Score			27

4. Scoring and Rating

On adding the scores from each of the outcomes together the organisation scores 27, 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.

The scores for domain 1 are based on just three operational services from within the organisation and one external partner, 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.

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 service-based action plans and will be reviewed and monitored through the FREDIE Steering group.

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

Signature: 

Title: Chief Executive Officer

Date: 27th February 2025



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	<p>The service has trialled bespoke clinics within hard-to-reach groups. However, these have not proven to be maintainable due to the nature of the contract being payment by result. The service will explore further ways to engage individuals from under-represented groups.</p> <p>Implement a System patient led booking to allow self-booking and more patient choice or time and venue.</p> <p>A Specialist Nursing Hub is to be explored utilising one location to support all aspects of the patient care in one place one, this is included in the 5-year transition plan for the service.</p>	<p>Hull Talking Therapies</p> <p>Children’s Community Nursing</p> <p>Children’s Community Nursing</p>
1b Individual patients (service users) health needs are met	The service plans to explore ways of gaining a range of service user voices within service development, include those of people from under-represented groups.	Hull Talking Therapies,
1c When patients (service users) use the service they are free from harm	Transition preparation from CYP services to adult services is undertaken within CCN services, but this is an area that requires more development as families report mixed experiences which can result in some CYP not receiving a smooth integration into adult services. This can lead to an increase in anxiety for CYP and their families. The service has developed a proposal for a review MDT to ensure closer clinical oversight of patient transition of care internally. Also to align tolerances and ensure patients get an equitable service. This is currently being considered by senior management. CCYN	Children Community Services,



1d Patients (service users) report positive experiences of the service		
2a when at work staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions		
2b When at work staff are free from abuse, harassment, bullying and physical violence from any source	Explore how the organisation might meet the criteria within level 3 which states 'The organisation provides appropriate support to staff and where appropriate works with VCSE organisations to provided support for those with protected characteristics who have suffered verbal and physical abuse'.	Workforce
2c Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		Workforce
2d Staff recommend the organisation as a place to work and receive treatment		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		Leadership
3b Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Carry out piece of work to assess the cost of the Investors in Diversity compared to the return on investment.	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	Continue to review dataset within the WRES, WDES and GPG to assess those holding roles at Band 7 and above are reflective of the population we serve.	Leadership