



FREDIE Annual Report 2024-2025



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 the FREDIE page of the organisation's website.

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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 helps 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:

- Eliminating unlawful discrimination, harassment, and victimisation.
- Advance equality of opportunity between those with a protected characteristic and those that are without.
- Fostering good relations between those with a protected characteristic and those without.

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, including the six high impact actions as outlined in the NHSE Equality Improvement Plan.
- Continued to support the three staff network groups, Race Diversity (previously BAME), Supporting Disability and Wellbeing (SDAW) and LGBTQ+, giving the opportunity to feedback progress of the groups through the meetings.
- Facilitating several FREDIE engagement events internally within CHCP and externally working with partner organisations, for example Pride in Hull.
- Continued to support the project search program offering extended paid employment opportunities for several of the graduates.
- Contributed to the completion of national reports and action plans, monitoring development and compliance.



- Re-accreditation of Investors in Diversity, attaining silver award and recognition as 7th in the National Centre for Diversity top 100 inclusive employers.
- Annual Report submitted to the Executive Board
- Reviewed and updated the FREDIE strategy, agreeing objectives for the year ahead.

4. FREDIE Objectives

The objectives for 2024 – 2025 were monitored through the FREDIE steering group and were all achieved. Below shows the objectives for 2025 – 2026 as agreed by the FREDIE steering group members.

- Continue to comply with National Equality Frameworks and Legislation introducing clear actions plans to bridge gaps.
- Enhance the principles of FREDIE by creating a working environment where every individual feels safe and is empowered to be themselves at work.
- Raise awareness of diversity and inclusion through engagement.
- Continue to strengthen the principles of FREDIE through the leadership team, encouraging individual responsibility for FREDIE organisation wide.
- Support to embed the Health Inequalities strategy across the organisation, ensuring services are accessible and meet the needs of service users from protected and vulnerable groups.

5. Health Inequalities

As reported in the 2023-24 FREDIE Annual Report, CHCP approved three applications for staff to join the Humber and North Yorkshire ICB's Health Inequalities Fellowship, two of the projects are now complete and updates have been provided as below:

Health Equity Fellowship Programme (Article by Claire Garrett, Inclusion Officer, Primary Care)

I have been lucky enough that CHCP supported my project through a Health Equity Fellowship programme.

My project was to establish a dedicated clinical room within the Changing Futures multi-agency hub to improve access to services for individuals with unmet health and social needs, including those experiencing homelessness, substance dependence and complex trauma.

People experiencing homelessness face significant health inequalities with an average age of death of just 43 for men and 46 for women – Compared to 79 and 83, respectively, in the general population of England. These disparities highlight the urgent need for accessible, person-centred healthcare interventions.



Through this model, we hope to demonstrate that by working together across services, we can create a more inclusive healthcare system, address health inequalities and extend the lives of society's most vulnerable population.

The clinical space enables timely interventions, reduces barriers to engagement and facilitates continuity of care, ultimately aiming to improve health outcomes and life expectancy.

For patients facing these unmet health needs and complexities healthcare becomes reactive but through this model we are hoping to shift from crisis- driven care and focusing on proactive services such as chronic disease management, vaccinations, wound care and mental health support to prevent further health implications.

The service will proactively offer Vaccinations, Tissue Viability & wound care, TB, Hepatitis C, AAA Screening, Podiatry, Sexual health, Liver screening, Cancer Care Champions, Mental Health support, and Addiction treatment, aiming to reduce emergency hospital admissions.

The project will contribute to reducing preventable illness and premature deaths within vulnerable communities.

If successful, the model could be expanded to support other groups with complex social and health needs.

Health Equity Fellowship Programme (Article by Anna Daniels, Professional Lead, Nursing & Conditions)

As part of the Health Equity Fellowship, a project entitled 'No Pressure' was developed to capture blood pressure readings opportunistically on two patient groups in Hull. The two patient groups, due to their ethnicity are understood to have a higher prevalence of hypertension and to potentially experience health inequalities and/or poorer life outcomes. There was a clinic at the Royal Hotel which is a facility for adult men who are seeking asylum – all the participants were from a non-White Global Majority group. An additional clinic was facilitated at the Peel Project within a women's group. The majority of participants within this clinic also came from a Global Majority Group. The health barriers reported by some who engaged in the clinics included language and literacy challenges, suspicion of professionals and difficulties navigating the health system.

A total of 47 people from the two clinics had their blood pressure taken. Of those 47, there were 34 blood pressure readings that were normal and 12 people had a reading that was classed as high. 1 person had low blood pressure and was displaying symptoms possibly related to their low blood pressure. Those with a reading that was not classed as normal were followed up. The contact within clinics enabled us to provide education, advice and signposting to other health services– thus making every contact count.



This was a rich example of partnership working with people in the local community, primary care, professional partners and community pharmacy colleagues. High blood pressure and stroke in particular costs the NHS £2.1 billion a year. Many people do not realise they have high blood pressure until they experience an event such as a stroke and this project provides further evidence that opportunistic hypertension case finding is a valuable approach to detecting and treating problems early.

6. Projects and Achievements

6.1: *ARMED forces update*

Since the previous update, CHCP has implemented an enhanced Reservists Policy, now providing Reservists with 10 days paid leave for annual training and mobilisation.

The Veteran Aware 1-year reaccreditation has been submitted and is currently awaiting the outcome. CHCP remains committed to supporting the Armed Forces community with 4 staff members having completed Armed Forces Champion training. This training is still available to all interested staff.

CHCP continues to actively engage and connect with the Armed Forces community through the Step into Health candidate management system.

The guaranteed interview scheme has been effectively utilised. One line manager shared feedback regarding this initiative, “I thought I would let you know the value of giving ex-service personnel an interview should they apply for roles within CHCP. I recently had to shortlist for the role of X and one applicant did not have as much experience as the other applicants however was interviewed given our commitment to this group. X scored highly and was subsequently offered and accepted the role.”

For the remainder of 2025, CHCP plans to further establish and strengthen relationships with local and national Armed Forces organisations to share best practices.

6.2: *Smokefree Knowsley*

The Smokefree Knowsley team went along to the Knowsley Pride event which provided a fantastic opportunity to engage with the LGBTQ+ community, helping to raise awareness about the benefits of a smoke-free lifestyle, and to showcase the support that the service has to offer. Prevalence of smoking with the LGBTQ+ community is generally higher than the general population and therefore this community is a key demographic for Smokefree services.

The event provided a welcoming and inclusive space to build relationships not just with the community but other services, individuals were supported and encouraged to take positive steps toward quitting smoking. Previously reaching and engaging with clients from the LGBTQ+ community has proved to be challenging, however, attending the Knowsley Pride Event has helped bridge that gap, leading to an increase in service



uptake. This experience has reinforced the importance of community engagement making it more accessible and supportive.



6.3: Apprenticeship Opportunity Smokefree Knowsley

Working in partnership with the Positive Inclusion team within Knowsley Council, the Knowsley Stop Smoking team successfully recruited a young person to the role of Apprentice Administrator.

Reece has now been part of the Smokefree team for a year and has excelled in every aspect of his work. His confidence has grown tremendously, and the team couldn't be prouder of him. Alongside his apprenticeship, he has been working towards his Level 2 NVQ in Customer Service and Level 2 Maths, both of which he is doing exceptionally well in. Reece has cerebral palsy and is a wheelchair user; the team have made sure he is as comfortable as possible by providing him with an ergonomic desk tailored to his needs.

Reece is also autistic and has adapted exceptionally well to the office environment. He thrives on routines and enjoys sticking to them, which has helped him feel more confident and settled in his role.

The Positive Inclusion team who works with a caseload of over 40 customers who have physical disabilities, learning disabilities, Autism or ADHD state *"We are grateful for this opportunity to work in partnership and to achieve such a positive outcome. We hope to*



work again with the NHS as Knowsley Council's mission is indeed 'Knowsley Better together'.

6.4: Smokefree Liverpool

Smokefree Liverpool received a self-referral for someone wanting to quit smoking. Upon investigation it was identified this lady was deaf and would therefore struggle to attend a stop smoking session, whether this would be delivered face to face or digitally.

As a service we run a low-risk text clinic to those clients who are coming to the end of their treatment plan. To reduce any barriers for this client, we booked her in to this session. The Advisor has been able to communicate weekly via text. The session includes overview and expectations of the service and the client to ensure full support is provided, stop smoking aids and the correct use. Our client continues to remain smokefree, with fortnightly support now being offered.

6.5: Wellbeing Service

The health inequalities agenda remains an integral part of the Wellbeing Liaison Service delivery specification. The service supports Primary Care Networks to address Health Inequalities people with a Learning Disability and/or Severe mental Illness experience. It takes the lead role in promoting quality annual health checks for people with learning disabilities and/or severe mental illness and who access to primary health care services and as such work in partnership with service users, carers, mainstream primary, secondary and acute healthcare Providers, Private/Voluntary and Statutory Sector agencies, Public Health and Commissioners in supporting the access to services and in turn improving those patients overall health and reducing the impact of health inequalities.

Over the past year the work around accessibility and the provision of reasonable adjustments for CHCP and its associated services, patients and staff has expanded. We are now working towards compliance to the information standard notice as an organisation and have some of our services actively asking patients if they have a reasonable adjustment need and recording and flagging their answers on the electronic care record. In addition to this the ability to meet the needs of patients by offering and providing information in easy read formats, communication boards and tools at a service level and staff trained in how to make reasonable adjustments or communicate in Makaton sign language is becoming the gold standard target across the organisation.

6.6: CISS

The CISS Service have worked collaboratively with the Wellbeing Team, completing the Accessible Information and Reasonable Adjustments Audit inclusive of the 'mystery shopping' visit to the service, we have in place communication boards, easy read service documentation (Carers Assessment) and have reviewed and updated our record keeping template to record any reasonable adjustment requirement at first point of contact to the service and throughout the carer journey.

The CISS team also continue to promote the diverse needs of carers within the workforce to achieve equality for carers at work, the key focuses are working with



Employers to identify carers within the workplace, sharing and support to create organisation guidance document, adoption of carers champions and the Working Carers Passport. To ensure the CISS service can continue to develop and better support the millions of people combine paid work with caring the team support to this we are attending the Carers' UK Annual Conference - Equality and Work, Supporting Carers through the Employment Journey.

6.7 Pain Management

Wellbeing worked with Pain Management following a teaching session in Hull and ER care homes. This came because of communications difficulties between care staff and patients with Dementia, particularly around administering medication and understanding pain levels. Wellbeing facilitated the production and use of bespoke and general resources such as lanyard fans (lots of different pictures to represent pain, mood, hunger, thirst etc), communication boards, routine and weekly planners and introduction boards i.e. Hello my name is..... I like..... I don't like..... etc.

Overall, Pain Management and Myalgic Encephalomyelitis/Chronic Fatigue Services continue to embed the FREDIE principles in everyday practice. FREDIE is discussed as a standard item in Team Meetings where good practice or areas which require more thought are shared. Our FREDIE champion delivered a team exercise where scenarios were considered and how they could be managed using the Four Corners – Four Ds of the Bystander Model. New Green Surgery became a flagship site for Accessible Information Standards and was given a big thumbs up by Colleen, Wellbeing's Lived Experience Ambassador who came and conducted an environmental audit.

All treatments and interventions are adapted and delivered in such a way that means all patients, regardless of their gender, religion or physical ability, can access and benefit from our service.

6.8: FREDIE Engagement Events

During this reporting period, CHCP has facilitated two engagement events, the first was held June 2024 and titled Diversity within the workforce, it was attended by 39 middle level managers from across the organisation. The evaluation from the event was positive with an average of 9.6 (out of a possible 10) agreeing that it was useful, 9.9 recognising that diversity within the workplace is important and 7.5 agreeing that CHCP is inclusive. 94% of the responses went away from the event with a greater understanding of some of the challenges our diverse colleagues experience.

Some of the verbatim comments from the event have been captured and shared below:

- I can't fit into this box how much I have learnt. It highlighted the great work as an organised we are doing which in turn also highlights areas where we can improve
- I think it was interesting listening to the unconscious bias thoughts people may have due to family/upbringing/religion etc
- Useful insight into the actual lived experience of our staff and thought provoking
- Not to assume everything is ok and to encourage frequent communication
- Be kind
- As a manager learnt how to embrace diversity



The second event was held on 4th October 2024 and titled Cultural Awareness, for this event we brought in an external training organisation and opened it up to 150 places with the target audience being any staff in job roles between bands 2 to band 6. It was attended by 126 staff members with 51 of those completing the evaluation. There was an average of 8.4 (out of a possible 10) agreeing that the event was useful, 9.6 recognising that diversity within the workplace is important and 9.2 agreeing that CHCP is inclusive. 92% went away with a greater understanding of some of the challenges our diverse colleagues experience. Again verbatim comments were captured from the event, some examples of which are shown below:

- everyone would benefit from learning more about different cultures
- More awareness of culture
- Importance of asking questions
- To be more inclusive
- Treat everyone with respect and kindness
- Staff at CHCP go out of their way to be diverse and inclusive
- It was a good session with real life examples shown
- It has made me more aware of my culture and the differences other people may have in their culture
- It has given me the confidence to challenge inappropriate behaviour if I ever saw happening in the workplace

It has been recognised that by facilitating these sessions, we are embedding the principles of FREDIE even further within CHCP, attendees generally go away feeling they have learnt something and have enjoyed the session, therefore future events have been planned for coming year.

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 of 31 March 2025 The total number of the workforce reported on is 2,427 and is inclusive of 2,111 substantive, 61 fixed term and 255 bank staff.

- ***Age Profile***

The headcount in respect of age of the workforce remains pretty much consistent to that of previous years with the age range 71+ reporting as the lowest and the headcount of those in the age range 61 – 70 remaining around the 9% mark. When considering the age range with the highest headcount, there has been a small change, for the past few years this has always been reported as age range 31 – 35, however for this year the age range 36 – 40 has just gone ahead by a very slight margin of 0.5%.

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 2024 – 2025 being 26 – 30.

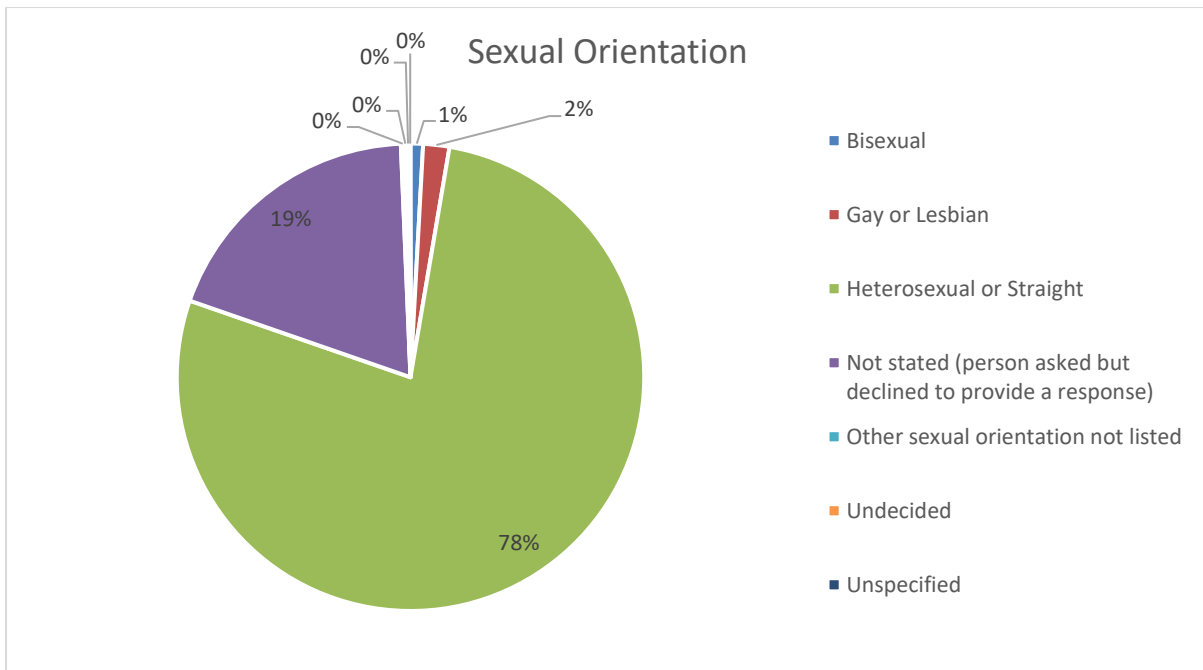
- **Gender Profile**

The gender of the workforce remains consistent with previous years with 87.76% (2,131) identifying as female and 12.19% (296) 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 2024, the data demonstrates, Females occupy 86.4% of the highest paid roles (3% increase since previous years report) and 88.6% of the lowest paid roles. Whilst males occupy 13.6% of the highest paid roles and 11.3% of the lowest paid roles.

- **Sexual Orientation**

The chart below shows the percentage of staff within the groups, heterosexual (78%), Gay or Lesbian (2%), Bisexual (1%), (19%) choose not to declare.



- **Ethnicity Profile**



The data remains consistent with previous years with white British being the prominent ethnicity across the organisation reporting at (88.79%) of the workforce. Other ethnicities report low numbers therefore have all been pulled together to give a figure of (7.77%) an increase of (1.5%) since the previous year. the remaining (3.44%) choose not to declare their ethnicity.

Whilst considering all new starters through the reporting period March 24 to April 25, a headcount of 67(18%) of the new recruits identified with ethnicities other than white British, evidencing that CHCP is becoming a more diverse organisation.

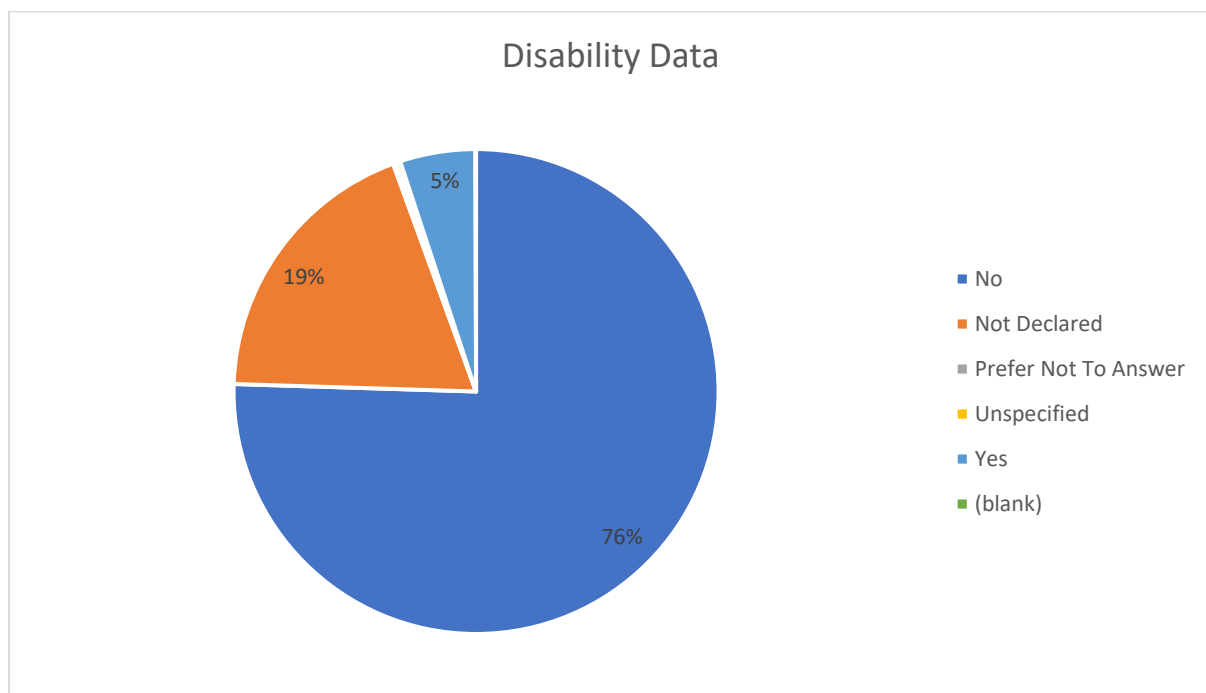
- **Religion**

The reporting of religion continues to be consistent in previous years, with Christianity reporting as the highest at (39.33%), Atheism is the second highest at (19.85%), those choosing not to declare (27.47%). The remaining 13.35% are split between, Buddhism, Hinduism, Islam, Sikhism and other.

When doing a comparison of the data over the past five years, we can see a rise in those declaring Atheism of +8% and we can see a decrease in those not wishing to disclose of -20%

- **Disability**

Currently there are (5%) of the workforce that declare they are disabled (76%) state they aren't and (19%) choose not to declare. The percentage of those not declaring has reduced by (12%) over the last five years. This decrease is encouraging and demonstrates that individuals are more confident to report their disabilities.



8. Monitoring of Complaints and Incidents by Ethnicity

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

Complainant - Ethnicity	Comment	Complaint	Concern
Blank	27	75	409
Bangladeshi	0	0	1
Black African	0	0	1
Mixed white and Asian	0	2	0
Mixed white and black African	0	0	1
Not stated	7	11	66
Other ethnic category	0	0	2
Pakistani	0	0	1
White - British	4	77	95
White - Irish	0	0	1
Total	38	165	577

The Quality Information team provided details of security incidents that have been raised by staff during this reporting period. Out of the 249 incidents raised, 6 were in relation to racial abuse and 4 in relation to sexual abuse, all of which were acts of verbal abuse. There were an addition 126 verbal abuse incidents recorded which didn't have the detail to suggest they were in relation to any protected characteristics.

9. Human Resource Activity

9:1 Training

The organisation reports that 93% 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 several 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 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
- Resolution Policy
- 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, the principles of FREDIE were first introduced as the Equality Diversity and Inclusion vision in 2020, since this time there has been a real commitment across the organisation to embed these principles into everyday practice which is demonstrated in the articles shared (section 6). Through continuing to engage with the workforce promoting the principles we have seen a positive change in culture, particularly when considering the colleague survey results (2024), where 93% of the workforce agreed that CHCP is an inclusive organisation and 98% confirmed that they were aware of the principles. We will endeavour to continue to build on this culture, promoting fairness and respect to all stakeholders inclusive of our colleagues, patient/service users and external partners.

End of Report