

City Health Care Partnership CIC



Equality and Diversity Annual Report

2015 - 2016

FOREWORD

This Equality & Diversity 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 equality and diversity agenda.

The Annual report will be submitted to the Community Partnership Forum and The Executive Board and will be published on our equality and diversity web page.

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1. Introduction

City Health Care Partnership CIC (CHCP CIC) 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. Our culture promotes equity and fairness for all in our employment and care and actively discourages any form of discrimination.

The organisation works closely with its partners and stakeholders to embed this culture in all contracts and partnerships.

2. Equality Strategy

The Equality Strategy explains City Health Care Partnership CIC's commitment to promote equality in accordance to the equality act 2010 and the public sector equality duty. The strategy takes into consideration the organisations strategic objectives and the organisations values whilst also identifying the aim to deliver equality and fairness to all in our care and employ.

The strategy is refreshed three yearly but encompasses an action plan which is refreshed annually with the equality steering group monitoring its progress on a quarterly basis.

3. Equality and Diversity Steering Group

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

- Achieved accreditation at stage two of Investors in Diversity Award
- Completed the Workforce Race Equality Standard (WRES) and publish the results to the organisations web site.
- Annual Report submitted to the Community Partnership Forum for 2015
- Monitored the Equality Strategy action plan
- Applied EDS2 outcomes to the Consolidated Monitoring Reports (CMT) and monitored the developments/improvements
- Submitted EDS2 standards report to the National Database

Objectives for 2016-2017

- Review and refresh the Equality Strategy, for example increased partnership working with local third sector and advocacy groups.
- Continue to monitor progress against the strategy action plan
- Work towards attaining next level of Investors in Diversity Leadership award
- Analyse WRES data to identify any gaps in regard to the BME workforce
- Continue to monitor progress against the EDS2 standard

- Actively seek to identify suitable roles for employing people with learning disabilities in line with the NHS employers initiative

4. Projects and Achievements

Investors in Diversity – CHCP CIC was successful in gaining the Investors in Diversity Award at stage 2, an award obtained through the National Centre for Diversity (NCF). The award was received following the organisation completing a number of activities and assessment by the NCF. The activities were identified through an action plan which was managed and monitored through a working group which fed into the equality steering group.

The award will be revalidated in two years' time with an assessment taking place to ensure that we are still compliant with the accreditation. During the two years prior to the revalidation the organisation will have the opportunity to prepare for a higher level of qualification.

The National Centre for Diversity held an award ceremony for top 100 employers index 2016, the organisation was invited to attend the ceremony and were awarded 38th place, a massive achievement given the high calibre of nominations.

Workforce Race Equality Standard – a standard which applies to all providers of NHS health care subject to the NHS Standard Contract with the aim being to address race equality issues through a nine point metric. CHCP CIC has completed and submitted its baseline data which will be monitored and reported on, on an annual basis.

Equality Delivery System (2) – Developed through the NHS Equality and Diversity Council with the aim to support NHS providers to deliver better outcomes for patients and communities and better working environments for staff which are personal, fair and diverse. CHCP CIC has developed action plans across the business units which are monitored through the Quality Monitoring Board. CHCP has uploaded the EDS2 summary report to the organisations website and has sent the web address to NHS England to be linked to the national EDS2 Dashboard. This will be updated on an annual basis with plans being refreshed to reflect the new care groups and services/contracts.

Let's Talk Service – continues to build on its first year of provision and successfully develop partnership working with the aim to open up access to mental health services in harder to reach or engage with areas. To such areas are:

- Hull University where the use of a virtual health clinic enables students to book their assessment appointments at a time that is convenient to them and working with the university at a venue on the campus which is easily accessible for students who may not know their way around the city. The success of this is evident in the current provision a trial of one half day assessment clinic has rapidly expanded to 3 full days with a very high attendance rate. The expectation now is to expand this out into treatment

provision thus allowing the sub-contractors accredited under Let's Talk to provide treatments on campus.

- Working in partnership with Pickering and Ferens in providing a rolling programme of assessment clinics provided in each of the 5 sheltered housing schemes, which enables the older adults in these schemes to be assessed in their own homes without the stress of having to travel to clinics across the city. It has long been recognised that the elderly try and 'cope' with their psychological health on their own for fear of 'bothering' anyone and it is hoped that this initiative will reduce the stigma attached to mental health whilst at the same time improving access and allowing our every increasing elderly population services which will help reduce isolation and loneliness and enable an improvement in mental health and wellbeing.

These two initiatives took place as part of a wider "MECC+" initiative with the university giving the opportunity for students to access Let's Talk, public and sexual health appointments on line and the ability to register with our dental services, a full range of GP practices and our carers services.

In regard to Pickering and Ferens we undertook a survey and focus groups to identify what is important to residents, MECC trained Pickering and Ferens staff and findings are informing 2020 work around wider initiatives to tackle loneliness and isolation

Wellbeing Team – the wellbeing team has continued to build on its volunteering programme, recruiting two volunteers with learning disabilities who are very active members of the team. The Learning Disability training which the team as provided to many organisations across the city has had incredible feedback and continues to be very well received.

This service aims to address the physical health inequalities experienced by people with a learning disability, to raise awareness of these issues, reduce stigma and increase social inclusion.

The Wellbeing Service works in partnership with primary and secondary health care services, voluntary organisations and health promotion, to promote annual health checks for people in Hull who have learning disabilities. Links to easy read resources have been developed and are available through the organisations website.

Partnering with Open Doors – The TB team are proactively finding ways of reaching vulnerable groups who often find it hard to access formal healthcare such as asylum seekers, refugees and migrants and are currently working in partnership with Open Doors offering new entrant TB screening as a drop in session.

The uptake of the screening has proved to be very positive with trends being identified showing ethnic/gender groups are more likely to uptake screening.

On reflection the service is able to look at innovative and cultural sensitive ways of increasing TB awareness with the potential increase of screening to groups that are less likely to access.

Through working with Open Doors and reaching out to these groups the opportunity is open to signpost these people to other health services, breaking down barriers which otherwise may prevent minority groups from accessing health care services

Social Care Act – since being introduced into the prison services in April 2015, the prison health care teams have been actively working with prisoners identified as requiring additional support. They work closely with other providers such as the social work team and prison staff to ensure the prisoners receives the correct care package with multi-disciplinary teams meeting monthly. Help and advice leaflets have been developed to assist the prisoners and are now included in the induction packs for new prisoners. The leaflets explain the help available to prisoners and how they go about getting an assessment, of which they can self-refer. Within the care package prisoners can agree to the scheme ‘prisoners helping other prisoners’ or ‘prison buddies’ and the help that the identified prison buddy can assist with includes: cell cleaning, moving around the prison, hair styling, collecting food.

5. Workforce Profile

This section of the report provides detailed information about CHCP CIC 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 staff groups across CHCP CIC as at 31 March 2016

- *Age Profile*

The age group 51-55 sees the highest number of employees with the headcount being 221. Over half of these staff (150) 18.6%, sits within the working groups: additional clinical and nursing and midwifery. Many of this workforce will be entitled to take their pension at 55, in fact the analysis of data shows the number of staff in the age groups representing 55-70+ for these two groups of staff as being just 69, which supports this.

Staying with these two working groups, the total number of the workforce in the age group 21-25 is just 27 and age group 26-30 is just 79 (9.79%)

These two working groups together represent over half of the current workforce, 807 headcount (61.60%) with almost 20% of these being eligible to take their pension thereby posing a risk to the organisation.

The age group with the lowest number of employees is 71+ and in this age group there are currently just 3 employees. In the category 66 – 70 there are 12 employees.

- *Gender Profile*

The current staff distribution by headcount and gender at 31st March 2016 was:

Female employees by headcount is 1,146 which gives a percentage of 87.48%

Male employees by headcount is 164 which gives a percentage 12.52% a very slight increase of 0.20% since 31st March 2015.

As expected, based on the traditional model of caring being perceived as a female activity, the majority of the workforce is female.

- *Ethnicity Profile*

The majority of staff employed within CHCP CIC, 87.49%, fall within the White British Category, with the second largest ethnic group of employees being 1.98% other white categories. 8.71% of the workforce chose not to state their ethnicity. These findings compare with the local demographics identified in the 2011 Census as shown in section 7 of this report.

- *Religion*

The data provided as at 31st March 2016 identifies that over half of the staff (69.15%) choose not to disclose their religion. Out of the remaining staff, 21.37% declare their religion as being Christianity and 4.40% disclose as being Atheist.

- *Disability*

On reviewing the workforce data as at 31st March 2016, there were just 13 headcount (0.99%) that declared they had a disability with almost half the workforce 614 headcount (46.87%) not declaring. This data is pulled from the Electronic Staff Records (ESR) which is predominantly populated at the time of recruitment. It is suggested that this data doesn't show a true reflection of the workforce given the support that has been offered to individuals in regard to adaptations and adjustments within the workplace and a suggestion would be to look at different ways of capturing a true records such as an anonymous survey monkey.

The reports identify areas such as disability and religion in which staff appear not to be confident in disclosing and the organisation might want to look at ways of encouraging staff to complete the categories in order to show a true profile of the workforce.

6. Monitoring of Complaints by Ethnicity

| Row Labels | Comment | Complaint | Compliment | Concern | Grand Total |
|---------------------------------|---------|-----------|------------|---------|-------------|
| Not stated | 89 | 91 | 1812 | 554 | 2546 |
| Mixed white and black Caribbean | | | | 1 | 1 |
| White - British | 50 | 8 | 136 | 269 | 463 |
| White - other white | | | | 2 | 2 |
| Grand Total | 139 | 99 | 1948 | 826 | 3012 |

7. Local Demographics

As the organisation now provides services and employs staff in the North West in addition to Yorkshire and the Humber the report shows demographics broken down into these regions for comparisons.

According to the 2011 census the population of the North West at that time was 7.1 million with Yorkshire and Humber being 5.3 million, of these populations 90% and 89% retrospectively reported as being 'White'.

When comparing statistics in regard to religion both identify Christianity as being the highest proportion, North West 67% and Yorkshire and the Humber 59%, with both areas reporting Buddhist as being the lowest at 0.3%

The North West had the lowest proportion of people who said they had 'No religion' 20% whilst Yorkshire and Humber percentage of people not stating their religion was 28%

Top 10 Ethnic groups

North West, 2011, All usual residents

| Rank | Ethnic group | Thousands | Per cent |
|-------------------------|--|--------------|----------|
| 1 | White: English/Welsh/Scottish/Northern Irish/British | 6,141 | 87.1 |
| 2 | Asian/Asian British: Pakistani | 189 | 2.7 |
| 3 | White: Other White | 152 | 2.1 |
| 4 | Asian/Asian British: Indian | 107 | 1.5 |
| 5 | White: Irish | 65 | 0.9 |
| 6 | Black/African/Caribbean/Black British: African | 59 | 0.8 |
| 7 | Asian/Asian British: Chinese | 48 | 0.7 |
| 8 | Asian/Asian British: Other Asian | 47 | 0.7 |
| 9 | Asian/Asian British: Bangladeshi | 46 | 0.7 |
| 10 | Mixed/multiple ethnic group: White and Black Caribbean | 39 | 0.6 |
| Total population | | 7,052 | |

Yorkshire and the Humber, 2011, All usual residents

| Rank | Ethnic group | Thousands | Per cent |
|------|--|-----------|----------|
| 1 | White: English/Welsh/Scottish/Northern Irish/British | 4,531 | 85.8 |
| 2 | Asian/Asian British: Pakistani | 226 | 4.3 |
| 3 | White: Other White | 130 | 2.5 |
| 4 | Asian/Asian British: Indian | 69 | 1.3 |
| 5 | Black/African/Caribbean/Black British: African | 46 | 0.9 |

| | | | |
|-------------------------|--|--------------|-----|
| 6 | Asian/Asian British: Other Asian | 40 | 0.8 |
| 7 | Mixed/multiple ethnic group: White and Black Caribbean | 33 | 0.6 |
| 8 | Asian/Asian British: Chinese | 28 | 0.5 |
| 9 | White: Irish | 26 | 0.5 |
| 10 | Mixed/multiple ethnic group: White and Asian | 26 | 0.5 |
| Total population | | 5,284 | |

Top 5 Religions

North West, 2011

| Rank | Religion | Thousands | Per cent |
|-------------------------|----------------|--------------|----------|
| 1 | Christian | 4,743 | 67.3 |
| 2 | Muslim (Islam) | 356 | 5.1 |
| 3 | Hindu | 38 | 0.5 |
| 4 | Jewish | 30 | 0.4 |
| 5 | Buddhist | 21 | 0.3 |
| Total population | | 7,052 | |

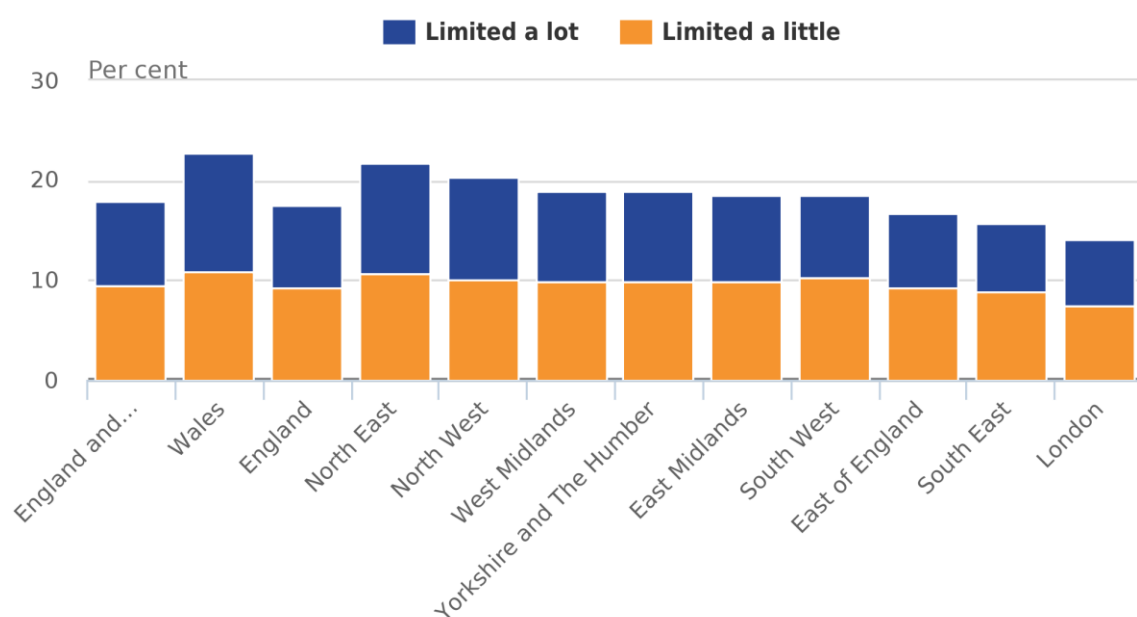
Yorkshire and the Humber, 2011

| Rank | Religion | Thousands | Per cent |
|-------------------------|----------------|--------------|----------|
| 1 | Christian | 3,144 | 59.5 |
| 2 | Muslim (Islam) | 326 | 6.2 |
| 3 | Hindu | 24 | 0.5 |
| 4 | Sikh | 22 | 0.4 |
| 5 | Buddhist | 14 | 0.3 |
| Total population | | 5,284 | |

DISABILITIES

The census 2011 reports on people with a disability and splits them into two categories, those who's disability limits them a lot and those who are limited a little. The charts below identify the findings across England and Wales. The chart below shows the similarities between Yorkshire and the Humber and North West both areas in which we offer services and employ staff. Both areas report as less than 20%

Figure 3: 'A lot' of activity limitation and economic inactivity (per cent)



Source: Office for National Statistics, 2011 Census data from QS210EW.

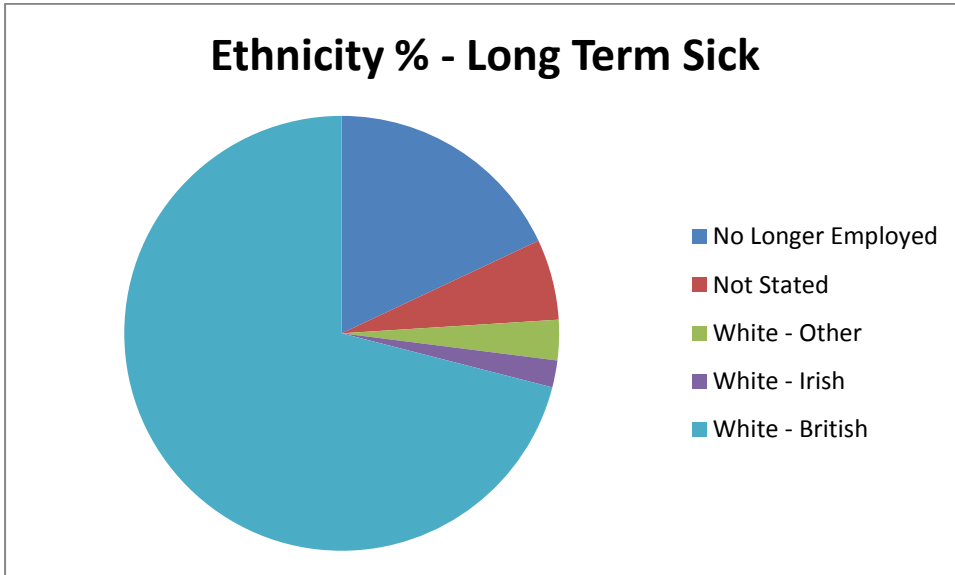
8. Human Resources Activity

a. Employee Relations Cases

| | 2015/16 | Ethnicity | % |
|-----------------------------------|---------|-------------------------------|--------------------------------------|
| Capability | 4 | 3 x WB/ 1 Not stated | 75% WB / 25% Not stated |
| Disciplinary | 19 | 17 WB/ 1 White Other 1x Iraqi | 89% WB/ 5.5% White Other/ 5.5% Iraqi |
| Employment tribunal claims | 0 | 0 | |
| Grievance | 3 | 2x WB / 1 x NA | 100% WB |
| Whistleblowing | 2 | 2 x WB | 100% WB |
| Unsuccessful probationary periods | 6 | 6 x WB | 100% WB |
| Total | 34 | | |

Long Term Sickness activity is significantly the highest area of employee relations cases with a total of 202 throughout the year. All of the cases reported identify the ethnicity of the staff as being White, with White British being the highest at 71%. At the time of running the report there were 18% of staff which had left employment with the organisation.

| Ethnic Group | % | Number |
|--------------------|-----|--------|
| No Longer Employed | 18 | 37 |
| Not Stated | 6 | 11 |
| White - Other | 3 | 6 |
| White - Irish | 2 | 5 |
| White - British | 71 | 143 |
| | 100 | 202 |



b. Training

At 31st March 2016, 97% of staff had received equality and diversity training either through induction or attending mandatory training session

The two year Equality and Diversity refresher training is now being rolled out across the organisation with sessions being offered, face to face in many forms such as the training team attending team meetings, forums and lunch time sessions.

c. Staff Survey

The total number of staff responding to the 2016 staff survey was 852 giving a response rate of 63%. This is 9% down on the 2015 survey sample size but still gives a confidence rate of 99% (+/-3%).

The majority of respondents (92%) felt that CHCP CIC acted fairly with regards to ethnic background, gender, religion, sexual orientation and age and therefore 8% did not. This supports findings from the Annual Patient Satisfaction Survey (2015) in which 98% rated the organisation as good at being respectful of their needs and 98% said CHCP CIC had been good at taking their personal circumstances into account. Up until 2016, more than nine-tenths of respondents had not experienced

bullying or harassment within CHCP CIC in the 12 months prior to taking part in the consultation, this year it is 88%; this represents a 6% drop from 2015.

More than 90% of all employees across all areas said CHCP CIC acted fairly with regards to ethnic background, gender, religion, sexual orientation, disability and age. The vast majority of respondents had not personally experienced discrimination at work from patients / service users (95%) or a manager, team leader or colleague (93%) in the twelve months prior to conducting the survey. Subsequently 7% had experienced discrimination from a manager, team leader or colleague and 5% had experienced discrimination from patients / service users.

When those who had experienced such actions were asked to specify in what form the bullying / harassment had been, most said it was a consequence of work based opinions (27 respondents), position (20 respondents) or performance (5 respondents) and these reflect similar themes to 2015.

Only 5% said they have experienced discrimination at work from patients/service users, their relatives, or other members of the public over the past 12 months.

Just over a tenth (12%) said they had personally been bullied or harassed within CHCP CIC in the last 12 months.

The majority (96%) of respondents said they would know where to raise concerns regarding bullying or harassment should they occur, which represents a 2% increase in awareness when compared with 2014 and a further 1% increase since last year.

d. Policies relating to equality and diversity include:

All Human Resource Policies go through a process of review, which includes sign off from the policy development group, the following policies all relate to equality and diversity and are due review 2016/2017:

- Recruitment & Selection Policy due for review
- Flexible Working
- Grievance Procedure (now incorporates Bullying & Harassment)
- Family Leave Policy inclusive of Maternity, Paternity and Adoption
- Equality Policy
- Whistleblowing

Equality Strategy Action Plan

Version 1 March 2016



2016-2019

Appendix 1

CORPORATE OBJECTIVE 1: Putting our customers and customer satisfaction at the heart of what we do

| Development Objective(s) | | Actions to achieve the objectives | | Measure/KPI | Actions Owner | Deadline |
|---|--|---|---|---|----------------------|--|
| What is the measurable objective that the Equality Group is going to undertake that contributes to the Corporate objectives | | What are the sequence of key measurable steps/tasks/actions that need to be taken to meet the development objective | | How will the achievement of the objective be measured and how will the achievement be demonstrated | | |
| 1 | Contribute to improving health outcomes and reducing inequalities in specific communities. | 1.1 | Measure against care group business plans | 1.1.1 Care Group Business Plans 1.1.2 Patient Survey Results 1.1.3 Friends and Family Results | Care Group Directors | Quarter 1/2/3/4 Annually Quarterly |

CORPORATE OBJECTIVE 2: Ensure we are able to compete in a competitive healthcare environment and market

| Development Objective(s) | | Actions to achieve the objectives | | Measure/KPI | Actions Owner | Deadline |
|---|---|---|--|--|--|-----------------------------|
| What is the measurable objective that the Equality Group is going to undertake that contributes to the Corporate objectives | | What are the sequence of key measurable steps/tasks/actions that need to be taken to meet the development objective | | How will the achievement of the objective be measured and how will the achievement be demonstrated | | |
| 2 | Promote equality in all CHCP activities ensuring that organisational functions and policies meet the requirement of the Equality Act 2010 to ensure that equality is a key principle in service provision | 2.1 | Strategy to be developed and available. | 2.1.1 Strategy available | EN/MS | 20 April 2016 |
| | | 2.2 | Equality Strategy Action Plan to be developed | 2.2.1 Improvement progress against the action plan through discussion at Equality Group meetings | Chair of Equality Group | 31 st March 2017 |
| | | 2.3 | Align Equality strategy with Mobilisation and Business Plans | 2.3.1 Through discussion at Equality Group meetings | Care Group Directors at Equality Group | Quarter 1/2/3/4 |

Appendix 1

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| | | 2.4 2.5 | Continue to monitor the external market paying attention to the needs of local communities Production of Equality Annual Report to Community Partnership Forum | 2.4.1 Care Group Business Plans 2.5.1 Sign off at Community Partnership 2.5.2 Sign off by Executive Board | Operational Directors | |
| 3 | Meet the Equality requirements as set within the NHS standard contract | 3.1 | National Frameworks are embedded within the organisation | 3.1.1 Assessment and Monitoring of frameworks to ensure compliance | HR Equality Lead | Quarter 1/2/3/4 |
| 4 | Establish a performance management framework monitoring CHCP CIC compliance | 4.1 | Establish a performance management framework for the organisational approach to EDS | 4.1.1 EDS assessment available at business level within business units CMR's 3.1.2 EDS improvement plans available at business unit level within business unit safety and quality forums 3.1.3 Quarterly update report available to Contract Monitoring Board | Jacqui Laycock and Quality Team | Quarter 1/2/3/4 |

CORPORATE OBJECTIVE 3: Be an Employer of Choice

| Development Objective(s) | Actions to achieve the objectives | Measure/KPI | Actions Owner | Deadline |
|---|---|--|---------------|----------|
| What is the measurable objective that the Equality Group is going to undertake that contributes to the Corporate objectives | What are the sequence of key measurable steps/tasks/actions that need to be taken to meet the development objective | How will the achievement of the objective be measured and how will the achievement be demonstrated | | |

Appendix 1

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| 5 | Comply with National Equality frameworks: | 5.1 | Address race equality issues through the nine point indicators of the Workforce Race Equality Standard Metric | 5.1.1 2015 Report with baseline data to be published to the organisations website. 5.1.2 Monitor and report on the nine indicators of the metric on an annual basis | MS MS in discussion with care group Directors | July 2015 July 2016 then annually Annually |
| | | 5.2 | Embrace and embed the goals and outcomes of the Equality Delivery System to improve equality performance, empowering and engagement | 5.2.1 colleague survey results and action plans 5.2.2 Included on Care Group Business Plans | Care Group Directors | Quarter 1/2/3/4 |
| | | 5.3 | Being a fair employer, treating everyone that works for us with dignity and respect ensuring our policies and recruitment and selection process support our commitment to be an employer of choice | 5.3.1 Raising concern box responses 5.3.2 Quarterly survey results | | |
| 6 | Equality incentives/recognition awards | 6.1 | Accreditation received, Investors in Diversity, action plan to be developed by working group to maintain and promote improvements | 6.1.1 Improvement progress against the action plan through discussion at Equality Group meetings | MS as working group representative | Quarter 1/2/3/4 |
| | | 6.2 | Prepare for the next level of award, with the aim to receive accreditation at | 6.2.1 Sign up to the assessment 6.2.2 Assessment by external | Care Group Directors | June 2016 July 2017 |

Appendix 1

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| | | 6.3 | Leaders in Diversity level Comply with Employability agenda, developing an action plan to support recruitment of apprenticeships, work experience, volunteers and people with learning disabilities. | assessor 6.3.1 Monitoring improvement against action plan 6.3.2 Demonstrating successful recruitment | | 31 st Dec2016 |
| | | 6.4 | White Ribbon, violence against women, action plan to be developed | 6.4.1 Improvement progress against the action plan through discussion at Equality Group meetings | | |
| | | 6.5 | Staff Charter | 6.5.1 Promoting the staff charter on the intranet and through team discussions. | | |

CORPORATE OBJECTIVE 4: Be a provider of excellent health care services

| Development Objective(s) | | Actions to achieve the objectives | | Measure/KPI | Actions Owner | Deadline |
|---|--|---|---|--|---|-----------------|
| What is the measurable objective that the Equality Group is going to undertake that contributes to the Corporate objectives | | What are the sequence of key measurable steps/tasks/actions that need to be taken to meet the development objective | | How will the achievement of the objective be measured and how will the achievement be demonstrated | | |
| 7 | Ensure that equality and diversity within services reaches as wide a section of the community, as possible through the use of outreach, translation and interpreting as well as developing | 7.1 | Undertake assessment at care group level against EDS Outcomes: | 6.2.2 Discussion on Action plan progress at Equality Steering Group | Operational Directors for each Care Group | Quarter 1/2/3/4 |

Appendix 1

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| | stakeholder networks. Develop stakeholder roles, including a proactive approach to facilitating the involvement of a range of ethnic groups, influencing the provision of services | | | | | |
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COMMUNITY PARTNERSHIP FORUM

TERMS OF REFERENCE

Constitution and Membership

1. The Executive Board has established a committee to be known as the Community Partnership Forum. The forum in line with the company articles at 13.1 and 13.2 will act within the rules and procedures as in Appendix 1
2. The Terms of Reference outlined have been agreed by the Executive Board.
3. The forum will be chaired by an appropriate Director of the company who shall recommend a panel of representatives to the Chief Executive this will include:
 - a. A maximum of six representatives from local organisations who speak for the diversity of the communities in which we deliver our services.
 - b. Two Partnership Shareholders drawn from the staff of CHCP CIC
 - c. A co-opted CHCP CIC service user and or patient representative
4. Membership of the Board will be held to a maximum of 10 plus the Chair - with others invited as and when appropriate to the agenda.
5. A quorum for meetings of the Board shall be four members, one of whom must be the Chair. The Board is authorised to obtain outside independent professional advice at the expense of the Company, in line with Company procurement guidelines, as and when required and to secure the attendance of outsiders with relevant experience and expertise in order for it to discharge its responsibilities.
6. External members will be asked to sign up to a confidentiality agreement in relation to engagement and abide by the code of conduct for this forum.
7. Representation will be reviewed for all members individually after one year of representation on the Community Partnership Forum

Meetings

8. The forum shall meet at least three times annually to include the social audit (accounts) panel meeting, and at the request of the Executive Board on other occasions.

Duties

9. To meet as the Audit Panel for CHCP CIC Social Accounts.
10. To produce for and sign off prior to the Executive Board and the Shareholder General Meeting (AGM) the required Social Accounts for CHCP CIC.

Appendix 2

11. Assure delivery against the implementation of the social audit (accounts) recommendations.
12. Agree and assure delivery of the CHCP CIC Social Investment Strategy.
13. Receive for endorsement the CHCP CIC Equality and Diversity Annual Report.
14. Receive the Patient Survey Results and gain assurance against delivery of any subsequent action plan for improvement.
15. Act as a conduit on behalf of the Executive Board with the charity City Health Care Partnership Foundation

Appendix 1

Rules of Procedure for the Community Partnership Forum

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| 1. The agenda will be set by the appointed Company Director. |
| 2. Papers to be sent out no later than five days in advance of the meeting. |
| 3. Items can only be introduced on the day, subject to the Chair's approval. |
| 4. Formal minutes will be taken at the Committee. |
| 5. On production of the Minutes they will be signed off by the Chair. |
| 6. Minutes will automatically be sent to the Executive Board. |
| 7. The Committee must operate within the company's standing financial orders/procedures/delegations. |
| 8. Non-material changes to these Terms of Reference must be made by the Chief Executive who will inform the Executive Board by email. Material changes will require formal approval at an Executive Board. |