



FREDIE Annual Report 2021-2022



FOREWORD

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

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

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1. Introduction

City Health Care Partnership CIC (CHCP) is committed to developing, supporting, and sustaining a diverse workforce that is representative of the community it serves. Equally we are committed to the provision of services that respects our increasingly diverse populations and which promotes equality of access and care. The organisation has continued to embed the principles of FREDIE and was assessed by the National Centre for Diversity in February 2022 against these principles which resulted in gaining re-accreditation of the Investors in Diversity Award. Internally FREDIE is being driven through the organisation in everything we do and is beginning to be recognised externally by our partners and stakeholders.

The 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

FREDIE links as a workstream to the organisations People Plan, reporting to its steering group on progress of Equality initiatives and key outcomes in respect of the workforce. The People Plan consists of five workstreams including FREDIE which weaves through the other four; Wellbeing, Recruitment and Retention, Learning and Development and Leadership.

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

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

The 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.

3. FREDIE Steering Group

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

- Sourced and co-ordinated an in-depth Equality Diversity and Training package from an external provider to the Senior Management team which consisted of:
 - Being Comfortable about being Uncomfortable about Race
 - Unconscious Bias
 - Inclusive Leadership
 - Dignity and Respect
- Supported the mandating of the internal FREDIE training package to annual whilst enhancing the content to incorporate some of the learning from the external training package that the Senior Management team had attended.



- Commenced the Project Search Employability Program which recruited seven local young people with learning disabilities to an internship scheme.
- Gained re-accreditation of the National Centre for Diversity, Investors in Diversity Award
- Submitted the Gender Pay Gap results to the government web site with a report being published to the organisations website.
- Annual Report submitted to the Executive Board
- Continued support and development of the staff network groups
- Continued to support the progress towards compliance with Accessible Information Standards.

Objectives for 2022-23 include:

- Encourage commitment of leadership, weaving the principles of FREDIE throughout the business.
- Promote a FREDIE culture in all CHCP activities ensuring functions and policies meet the requirements of the Equality Act 2010 and the Public Sector Equality Duty.
- Work collaboratively with external partners to address existing and deep-rooted inequalities and contribute to reducing or removing these inequalities to support vulnerable groups within the local communities including those with protected characteristics.
- Incorporate Health Inequalities as a strategic priority developing a communication and oversight approach whilst aligning Core 20 plus 5 approaches operationally.
- Improve service user access and experience through developing stakeholder/service user networks.
- Comply with National Equality Frameworks and monitor progress against any action plans
- Meet the Equality requirements as set within the NHS standard contract
- Continue to develop a performance management framework to monitor compliance to the principles of FREDIE
- Become a more inclusive employer, encouraging participation and engagement across the workforce introducing and promoting staff network forums to support colleagues from protected and vulnerable groups.
- Ensure that all policies, procedures, and service developments are underpinned by a robust Equality Impact Assessment
- Ensure FREDIE is championed across the company and at Executive Director and Board level.

4. Projects and Achievements

4.1: National Centre for Diversity FREDIE awards

The National Centre for Diversity hold an awards ceremony annually and have a number of categories for awards, following the successful attainment of the Investors in Diversity Award, the organisation submitted nominations for the categories:



- Most innovative FREDIE initiative of the year
- Most Inspiring Individual of the year
- Most Improved organisation

Given the amount of great work demonstrated across the organisation it was difficult to select which were the *most innovative FREDIE initiatives* therefore two nominations were submitted for this category, these were:

Mutual Aid Learning Disabilities Health Checks

City Health Care Partnership CIC's (CHCP) Wellbeing Service work with GP practices to support them to audit their Learning Disability and Severe Mental Illness Registers and provide advice and training in supporting the practice to engage with patients on the registers and offering reasonable adjustments to enable the delivery of a quality annual health check. Due to current covid pressures within Primary care, some Hull GP Practices found they were unable to prioritise annual health checks for people with Learning Disabilities and with just over 1000 patients in Hull requiring these checks this posed a risk of the health needs of a vulnerable population going unmet. A further risk would entail practices not reaching the national target of 75% uptake.

As a service dedicated to support this vulnerable group the Lead Primary Care Liaison Nurse proposed that the Wellbeing Service could offer some mutual aid to support with the delivery of health checks. The support would see clinics being held within the GP practices of which the patients were already familiar, and it would give an opportunity to embed the Make Every Contact Count strategy allowing for appropriate onward referrals to other services internal to CHCP. The Wellbeing Service is commissioned by the local Clinical Commissioning Group (CCG) therefore agreement and sign off the proposal was sought and actioned which has resulted in there being some weeks were up to four days of Learning Disability Checks taking place.

Accessible Information within the Vaccine Centre

Accessibility to those within the population who have additional communications needs whether this be as a result of a Learning Disability or because English isn't the first language was at the forefront of the Vaccination Centre with a number of strategies being put in place to ease access and provide a much better experience for all that attended. Pictorial Communication Boards were developed to help individuals inform the vaccination team how they communicate and ask questions about the process and let the team know who they were, if they were anxious or had any concerns. Makaton (Sign and Symbol Language) was used regularly to help put people at ease. Following an inspection by NHS England, the team were approached by the Clinical Improvement Co-Ordinator (National Covid-19 Vaccination Programme) to promote the great work that they were doing to support patients with additional needs following which a case study was developed and published on the NHS Future Platform to be used as part of the sharing good practice agenda. The team worked seamlessly to make the vaccination centre accessible to all ensuring inclusion for vulnerable groups and received some really positive patient experience feedback.



The nomination for **Most improved FREDIE organisation** discussed CHCP's commitment to the Equality, Diversity and Inclusion agenda and its progress on driving the principles of FREDIE throughout the business since first being introduced to them as part of the Investors in Diversity Assessment in 2019. It discussed that the principles are now promoted as the EDI Vision and there is a mini charter outlining the expectation of how staff members expected to be treated and in return how they should treat others. The colleague survey 2021, included for the first time some questions around the principles of FREDIE, the responses were positive with 90% stating they were aware and 85% agreeing that they were embedded.

The article also covered the successful FREDIE video which is used to help attract new recruits and retain existing staff and provided information on the three staff networks and how these have grown in both size and stature actively contributing to organisation development through attendance at the EDI steering group and actively being involved in tasks such as interview panels, policy reviews etc.

Megan Foot Accessible Information Support and Training Lead was nominated for the **Most Inspiring Individual of the Year**. Megan is so passionate about inclusion and accessibility. She works tirelessly to ensure everyone has access to the services offered in the vaccination centre and has developed some phenomenal resources to support conversations with people who may have a sensory loss, or who are differently abled. These resources are used regularly by clinical staff and have enabled our patients to receive information and advice without the anxiety of communication barriers. Megan is a champion for people who have communication difficulties or learning disabilities. She is an excellent role model to other staff and patients and always goes the extra mile to ensure provision of a high quality and person-centred service. As a Regional Makaton tutor, she uses these skills to support important conversations between clinicians and patients and is dedicated in teaching her colleagues signs daily.

Although shortlisted for each of the awards, unfortunately a win wasn't to be this time round, however CHCP were awarded 14th place in the National Centre for Diversity Top 100 Inclusive Employers index.

4.2: Accessibility in Sexual Health

The sexual health service has been working closely with the Accessible Information Standards Officer, Megan, to improve its access for people with a learning difference. This includes easy read information and documents such as, consent to procedures being available in pictorial/easy read formats. Our Outreach team go out and provide presentations on safe sex, contraception, sexually transmitted infections and testing and Megan has supported our outreach team to alter the presentation, making it suitable for those with a learning difference and this has been delivered to the colleges who support these students. We continue to provide a dedicated learning disability clinic for patients requiring contraception and gynaecology care. The service continues to promote inclusivity and is currently working on changing the names of some of the clinics, signage of the toilets and electronic templates all to be gender neutral.



4.3: Supporting PCN's to deliver Long Term Condition Management for Diabetics

Covid-19 has significantly impacted specific populations, for example males, those aged over 50 years, people from BAME populations and those living with some specified long-term conditions including respiratory disease and diabetes. The mortality rates amongst people living with diabetes has been particularly well publicised and evidence has demonstrated that those with poorly controlled diabetes are particularly at risk. In response to these findings, Diabetes UK published a position statement reiterating the need for person centred care. This position statement considers the persons need to have their diabetes well managed and identifies other factors that should be considered, when providing clinical care, for example, ensuring people, living with diabetes are seen within their own home or in strictly “cold sites”, to minimise the risk of Covid-19 transmission.

NHSE/I worked with the East of England Diabetes Network to develop guidance relating to the management of diabetes care during the Covid-19 pandemic, for GP practices. A key challenge for GP practices, community providers and Primary Care Networks was identifying the capacity to deliver the recommendations of the guidance, whilst also managing the Covid-19 backlog of care within primary and community care and the primary care demand which had returned to pre-Covid 19 levels.

All services have to offer a Covid-19 safe environment, ensuring full use of PPE, social distancing of 2 metres, additional decontamination of facilities between patients – set against a backdrop of fewer staff (due to Covid-19 relating absence). Evidence suggested that practices may only be able to operate at circa 50% capacity and as such this would result in practices struggling to meet demand.

Routine annual checks have been significantly impacted on by COVID-19. It was recognised that there was significant risk of people developing complications (stroke, lower limb amputation etc), because they have missed their annual check, and some may not have been seen in circa 18 months. Such delays in picking up any issues could result in increased costs for the wider health and social care system, as well as having a detrimental impact on the individuals' quality of life and independence.

CHCP supported ER PCNs and mobilised staff to undertake the outstanding annual checks for both housebound and non-housebound patients in line with the national guidance for delivering Diabetes care during COVID-19. The service was available for all diabetic patients who have not had Annual Diabetic health check since 1/4/20, with a latest HbA1c reading of >58mmols, diabetic patients who are also identified as having CKD Stage 3/4 will also have checks undertaken for CKD at the same appointment.

The initial plan was to offer this service for 6 months (October 2020 to March 2021) however due to the ongoing issues CHCP agreed to continue the service for another year to enable as many patients as possible to access their annual health check.

4.4: International Recruitment



City Healthcare Partnership (CIC) has recently embarked on establishing an international nurse recruitment talent pipeline. CHCP have been successful in securing NHS funding (circa £50,000) to support recruitment of international nurses. International Nurse Recruitment is complex and requires support from a range of external and internal stakeholders. City Healthcare Partnership (CIC) is working with an external recruitment agency to help identify talent and support the safe onboarding of prospective international nurses. As an organisation, we shall be responsible for providing ongoing pastoral support. It is paramount that the nurses feel welcomed and can successfully integrate into the communities they serve.

The International Nurse requires a Skilled Worker Visa to come and work in the UK and must pass an English language exam to a satisfactory standard to meet both the Visa and Nursing Midwifery Council (NMC) registration requirements. Our first cohort of nurses have arrived from Kerala, India, and they are currently living in accommodation provided by CHCP for the first three months of their employment to give time for them to find and secure long term accommodation of their own. They are receiving support from colleagues from within the organisation to orientate them around the local area.

Additionally during the year 2021-2022, we have recruited two physiotherapists from abroad. One from India and one from Nigeria and both have settled well in CHCP and are actively involved in the staff network group activities. We are now exploring further recruitment of internationally qualified allied health professionals, pharmacists and nurses, building on the successful experience of international nurse and Physiotherapist recruitment thus far.

4.5: Staff Network Groups

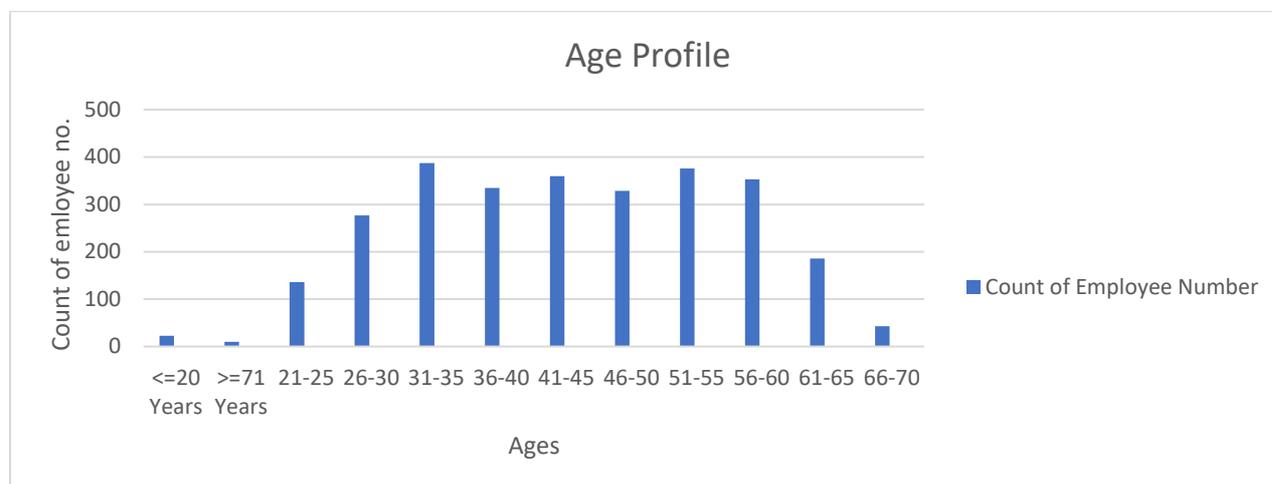
The three Staff Network groups have grown in size and stature during the last 12 months and have been active in supporting the community in addition to the work that they do for the workforce. The Black Asian and Minority Staff Network group have raised funds to purchase a Defibrillator to be positioned on the external wall at the business support centre. The LGBTQ+ groups have secured £500 from CHCP Foundation to The Warren, a charitable organisation that support young people within the community identifying as LGBTQ+. The organisation also for the first time in a number of years will be sponsoring Hull Pride as a partner with colleagues being invited to take part in the parade, display CHCP logo on the main stage and promote the organisation through social media.

5. 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 at 31 March 2022. The total number of the workforce reported on is 2,815 an increase of 142 since reporting on 31st March 2021 and is inclusive of (2185) substantive (96) fixed term contracts and (534) bank staff.

When considering the age of the workforce, the age range 31- 35 reports as the highest with a headcount of 387 (13.75%), just above the group 51-55 (376) which has been the highest for the past few years.



- **Gender Profile**

This year’s reporting remains consistent with females reporting at 88% of the workforce, a headcount of 2476 and 12% with a headcount of 339 males.

- **Sexual Orientation**

Most of the workforce report either as Heterosexual 1646 Headcount (58.47%) or choose not to disclose 1060 Headcount (39.29%). The remaining are split between Gay/Lesbian headcount of 40, Bisexual headcount of 18 and 5 staff have selected undecided or orientation not listed’.

Although still high the number choosing not to disclose is starting to reduce and when comparing year on year 2020 reported 49%, 2021 reported 43% and 2022 reports as 39%, by continuing to promote the LGBTQ+ staff network and the work the group does to support the workforce and community the expectation is that more staff will become confident in disclosing their true identity.

- **Ethnicity Profile**

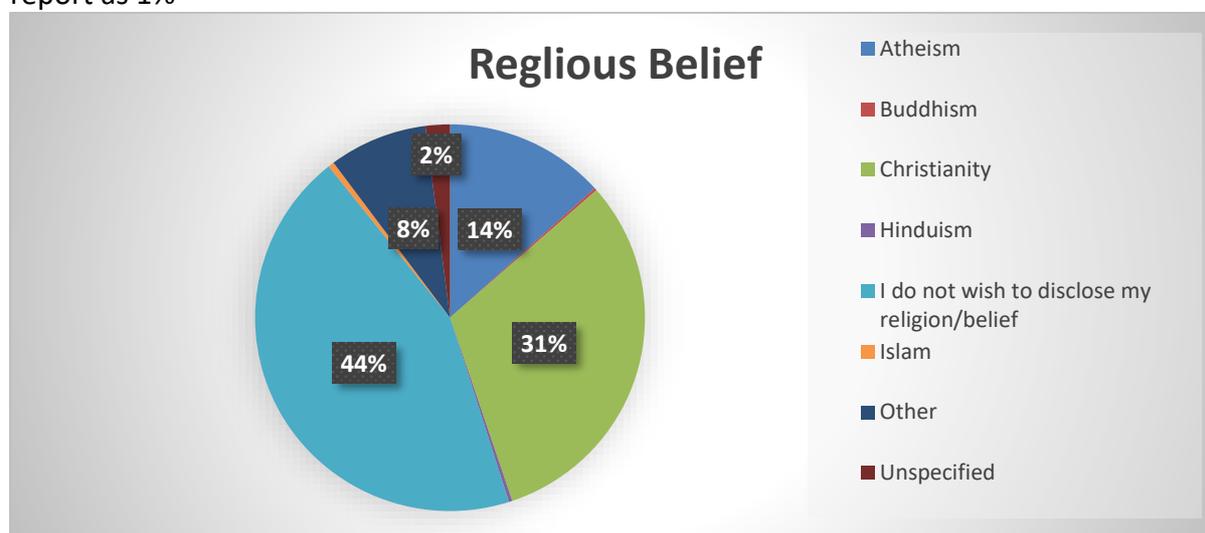
As expected, White British remain the prominent ethnicity within the organisation and reports as 89% and a headcount of 2,508. There is a headcount of 30 (1.07%) that report as White any other and a headcount of 29 (1.03%) report as Black British/African, 6 percent of the workforce choose not to declare their ethnicity with the remaining 3% being split across all other listed ethnic groups.

The data remains consistent with previous years in regard to the non-disclosure, however there has been some increases noted for example 2021 Black British/African headcount reported as 13 and as stated above this year's figures report a headcount of 29.

CHCP is proud to be an inclusive organisation and is really keen to improve the diversity of the workforce, the international recruitment initiative as discussed at section 4.4 aims to support with this.

- **Religion**

The current data reports that 1301 headcount (46.21%) choose not to disclose their religion for those that do disclose Christianity reports a headcount of 881 (31.30%), Atheism reports a headcount of 375 (13.32%) and for the category 'others' there are 230 staff (8.17%). Other religions listed include Buddhism, Hinduism and Islam all of which when grouped together report as 1%



- **Disability**

Disability remains another area with a high proportion of the workforce choosing not to disclose (28.39%). 1925 of the workforce (68.38%) declare they don't have a disability, whilst just 89 (3.23%) agree they do.

This figure isn't consistent with the colleague survey results which reports that from a sample set of 1476, there were 386 respondents identified as having a disability. Further work will be carried out to look at the reasons why this differs so much, and the staff network group will be invited to support with this.

6. Monitoring of Complaints by Ethnicity



Ethnicity	Comment	Complaint	Compliment	Concern	Grand Total
Bangladeshi				1	1
Black African				1	1
Mixed white and Asian		2			2
Mixed white and black Caribbean				6	6
Not stated	60	86	185	857	1188
Other Asian				7	7
Other Black		1		2	3
Other ethnic category			2	4	6
Other mixed		2	2	41	45
Pakistani		1		3	4
White - British	12	50	127	659	848
White - Irish			1	1	2
White - other white (blank)		1	2	22	25
(blank)	6	3	85	28	122
Grand Total	78	146	404	1632	2260

7. Human Resource Activity

a. Training

The organisation reports that 92% of staff are compliant with the Equality, Diversity, and Inclusion training. The training is offered to all new staff as part of the induction programme and then again as a two-year refresher session which can be done face to face or online.

b. Colleague Survey

Colleague survey results continue to improve in regard to questions relating to Equality Diversity and Inclusion, the results from the June 2021 reported that 75% of the respondents believe that CHCP acts fairly with regard to ethnic background, gender, religion, sexual orientation, disability or age an increase of 2% from the previous reporting period.

Numbers that report they have been personally bullied or harassed within CHCP in the last 12 months has seen a very slight decrease from 7% to 6%. When breaking this down into the various protected characteristics the figures become somewhat skewed due to the low numbers used in the sample set, for example the BAME responses showed 13% identified as having been bullied or harassed but the sample set used was just 4. When considering the same in respect of disability the response was 9% however the sample set was much higher at 381. A positive finding was that the percentage of those knowing how to raise concerns in relation to bullying and harassment had risen from 91% the previous year to 97% in the current reporting year.

For the first time in the colleague survey there were specific questions relating to the principles of FREDIE, the outputs showed that 90% of the respondents are aware of FREDIE,



85% believe that the organisation embeds these principles and 86% believe that CHCP is an inclusive employer.

c. 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 Impact Assessment, staff consultation and ratification by the policy development group. The following policies all relate to equality diversity and inclusion:

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

8. Conclusion

To conclude, since the principles of FREDIE were introduced to the organisation in 2019 there has been a steady shift to change the culture of the whole of workforce to take ownership and embed these principles in all that they do. We are proud to report on the great work and achievements that have occurred within this reporting period and are confident that by the commitment to FREDIE demonstrated across the organisation further examples of good practice being shared in future reports.

End of Report