



Equality Delivery Standard(22) Report 2023

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)	14/02/24	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	20 th March 2024	Month and year published	April 24
Date authorised	05/04/2024	Revision date	February 25



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 also 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:

- Sexual Health
- Community Nursing
- TB liaison

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, ie. 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 a number of staff, to agree the scoring.



For Domain 3, the strategic lead for FREDIE working with the FREDIE Executive Lead and Director of People agreed the evidence, then linked in with Humber Foundation Trust for an independent review.

3. Evidence

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 (service users) have required levels of access to the service	<p>The review identified that all three services recognise and have considered barriers for access to services from all vulnerable groups. To ensure that care is delivered in the most appropriate setting for our patients, we offer Clinical interventions from a variety of sites, including health centres, schools, care homes, patient's homes, community groups, hotels that accommodate refugees, hostels, in patients' units. Services offer in person and/or digital access where possible. Considering patients' needs there is flexibility in the way appointments are offered, an example of this is designated clinics being offered to persons with a learning disability, this provides a safe space and encourages individuals to attend, also longer appointments are offered where there are communication barriers, this may be due to the patient being non-English speaking or a condition that impacts on how a person communicates.</p> <p>Services work closely with external stakeholders, referring and/or signposting patients to other services to meet their specific health needs.</p> <p>The organisation has many tools to support with access to services, such as Recite Me which is accessed through our website, Augmented response which when a patient is flagged up as vulnerable and needing a service, a call will be put out for a visit. We work closely with Interpreter services and there is a dedicated Accessible Information Standard team who are responsible for supporting colleagues to meet bespoke communication needs of patients.</p> <p>Services have AIS champions who meet regularly to ensure practices are continuously reviewed and updated to ensure service areas are accessible.</p> <p>Family and Friends is used with responses being monitored and shared within teams; this is the same with patient survey responses, action planning then takes place where any areas identified for improvement are documented.</p>	2
	1B. Individual patients (service users) health needs are met	<p>All initial patient assessments should include a baseline Blood Pressure with a monitor that can also detect Atrial Fibrillation (AF - is a heart rhythm problem which raises risk of a stroke). Whilst there was an expectation this has been occurring for some time, it has become apparent that not all clinicians are completing this and training has taken place to increase clinician competences. The sexual health services have implemented all patients to be asked to have their BP checked at first attendance, the service follows NICE Guidelines.</p>	2

		<p>Triage assessments support with ensuring that patients health needs are considered and that they are being seen by the right service/practitioner. Engagement activity is evidence within the sexual health service with surveys asking for patients views around days to hold LGBTQ+ clinics, QR to young people around how to access social media platform, attendance at community health fair. There is a new Service Operating Plan within Integrated community nursing services ‘optimising care through patient engagement’ which gives the patients the opportunity to discuss their goals and requirements needed to reach these goals. It is evidenced that there are gaps in engaging with patients in some areas and it is hopeful that once the Make Every Contact Count (MECC) agenda as highlighted within the health inequalities strategy is embedded this will increase. CHCP have a Service User Voice, it is suggested that all these services promote this more widely to their patients/service users.</p> <p>The TB service has put in lots of effort in engagement with its service users, however there is still resistant from the patients to engage and or attend clinics, the service are currently looking at the option of Video Observed Therapy (VDOT following national guidelines.</p> <p>Engagement with voluntary sector and other stakeholders which supports in the patients/service user’s health care needs are met, include Trauma Informed Care, Open Door, Food Banks, LGBTQ+ forums, Lollipop.</p>	
<p>1C. When patients (service users) use the service, they are free from harm</p>		<p>All services report on health and safety issues and have several procedures in place to support all patients. This support ranges from your basic safety boards which identify fire wardens and those responsible for evacuation from sites and checking of equipment to more individualised initiatives, which might include dedicated waiting areas, offer of chaperones, guidance on smoking whilst using nasal oxygen. Some sites where it is deemed there may be risks of inappropriate behaviours have security offers to help to reduce risks to patients in attendance.</p> <p>Incident and near misses reporting is seen as critical to patient care with practitioners and patients being encouraged to complete 4c’s. These are monitored with lessons learnt being developed and shared not only within services but operationally across all areas as ways to look at removing future risks improving practice and preventing future risks.</p> <p>Services work with the safeguarding team, consulting with them for individual concerns relating to safety. Within the sexual health services, patients are asked and encouraged to attend their consultations alone in order for them to safely discuss their symptoms, this ensures that a full safeguarding/routine assessment</p>	<p>2</p>

		<p>can be carried out. This also provide the opportunity of referring safely to other stakeholders to remove the risk to patients, who are potential victims of domestic abuse, modern slavery etc. An example given of where this proved to be of value to a patient was: a non-English speaking patient suspected of being trafficked and abused by their partner, getting a safe passage back to their own country.</p> <p>Within the community nursing service the baseline BP monitoring is to support the identification of people who may have hypertension or AF without realising and therefore case finding actively is following a prevention model rather than reactive. Finding someone is at high risk of stroke is an invest to save concept both financially for the service and in terms of quality of life for the patient and those who care for them.</p> <p>Within TB Services – trauma informed care is supported as many of those seeking asylum have experienced significant historic or recent traumatic life events. TB service refer on to services who can meet this need and manage the safety of patients affected by this. Any self-harm, ,mental health concern or self-neglect identified is referred to the most appropriate service.</p> <p>All patients have a set of baseline observations carried out to identify any other health conditions that may be undetected.</p> <p>There is a significant risk to these vulnerable groups who are housed in hotels with people from different countries and cultures where there are strong dislikes and differences.</p>	
<p>1D. Patients (service users) report positive experiences of the service</p>		<p>City Health Care Partnership collects data from several sources such as the patient experience survey, friends and family testing and within the speciality palliative care within the community nursing service they have a survey called adapted voices’ which is shared to relatives who have had a loved one who accessed community nursing and has now died. It captures the experiences of the end-of-life cycle.</p> <p>Some of the latest results from the sexual health service are shown below:</p> <p>Family friendly test -</p> <ul style="list-style-type: none"> • All members of staff were friendly and reassuring and very easy to talk to. • The team were great! They made me feel comfortable and kept me calm throughout! • The nurse who did my coil removal was absolutely amazing. • I was so nervous to have the implant fitted but the nurse was really lovely, knowledgeable & caring. She made me feel really calm. Friendly staff, non-judgemental and very efficient. <p>Patient Survey –</p>	<p>2</p>

- 92% were satisfied with the standard of care and support they received.
- 92% were satisfied with their overall experience.
- 90% were satisfied with their initial contact with the service.
- 93% would recommend the service to family and friends for treatment.

Results are shared within the service and discussions/action planning takes place to look at areas which can be improved.

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. Below are some feedback comments received in January 2024 for the community nursing services.

“A patient has called to give her compliments to the district nurses looking after her husband. Positive feedback received about XXXXXX and another young nurse who brought a package of incontinent pads one evening. She also would like to thank 2 nurses who visited on Sunday 28th Jan. She describes these nurses as ‘exceptional’, and her purpose of the call was to congratulate and give thanks to the nurses that go the extra mile and are passionate about their jobs.”

“As a family we promised xxxxx we would keep him at home, we did that, and he died in his own bedroom. Without your help and support we may have failed. Thank you all so much. We will remember you for your kindness and caring. A very big thank you to you all for all your help and support helping us care for xxxxx. Your kindness will not go forgotten. Many thanks.”

The Community Nursing service have processes in place to review any negative experiences, lessons learnt are shared which are used as a quality improvement mechanism.

The main group of patients accessing the TB services experience literacy and language barriers, which potentially give the reason for the high DNA/not brought rate. This is currently being audited to establish the reasons why.



<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 is able to complete assessments and referrals to appropriate talking therapies.</p> <p>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.</p> <p>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 in regard to their health conditions and their working environment and managers are encouraged to hold wellbeing conversations as part of supervision meetings and development reviews.</p> <p>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 started to embed Health & Wellbeing Champions across CHCP and have 64 signed up to this role, the aim is to have Champions in each service area 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 .</p> <p>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.</p> <p>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.</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>The group agreed that to be level 3, we would need to provide opportunities for staff to exercise.</p>	<p>2</p>
	<p>2B. When at work staff are free from abuse, harassment, bullying</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 and an anti-bullying and harassment policy informing staff that such abuse would result in action being taken. The FREDIE vision, encourage all staff to be Fair,</p>	<p>2</p>

	<p>and physical violence from any source</p>	<p>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 safe guarding 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 work place 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 2023 identified that 94% disclosed that they have never personally witnessed harassment, bullying or abuse at work from either patients, services users, their relatives or other members of the public and 97% report they have not experienced any of this behaviour from colleagues or managers. 6% of the responders identified that they had personally experienced bullying and harassment within the last 12 months. This section isn't broken down into patients/colleagues/managers.</p> <p>The last Investors in Diversity survey responses shows that CHCP are outstanding or good at preventing bullying and harassment (83%)</p> <p>Where an allegation is raised by a member of staff against a colleague an initial meeting will take place by the line manager in liaison with a HR Representative. A discussion will consider any evidence brought by either side looking at whether there are any risks to either the person raising the allegation or the alleged perpetrator following which action will be taken to mitigate the risks, this may be to move one or both staff members to a different team/base, put either or both on paid leave whilst a thorough investigation takes place or potentially when it is deemed as the only option the alleged perpetrator will be suspended from duty. Where the investigation outcome identifies, there is learning to take to improve the safety of our workforce action would be carried out and a lessons learnt would be taken to the full company business meeting to discuss if there any further improvements that can be made.</p> <p>All investigations are dealt with in a fair manner with consideration being given to the wellbeing of all staff involved and on occasion whilst taking into consideration individuals needs a change to process may be instigated. A recent example of this involved changing the hearing process which resulted in the person who raised the allegation not attending in person as a witness as the impact of the whole experience was having significant impact to their mental wellbeing. In this instance all parties including the panel were</p>	
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		<p>asked to submit any questions they wanted to ask the employee in advance so that responses could be received and circulated prior to the hearing taking place.</p> <p>The colleague survey reports that 6% of our workforce have faced discrimination from patients/service users, 3% from managers and 3% from colleagues, when breaking these responses down by protected characteristics this shows, 9% of the BAME workforce and 5% of the White workforce that responded to the colleague survey identify that they have been discriminated by patients/services users – this information is included in the Workforce Race Equality Standard The Workforce Disability Equality Standard focuses on harassment, bullying or abuse and again when breaking this down to protected characteristics, 10% of disabled staff and 5% on non-disabled staff declare they have experienced harassment, bullying or abuse. We are currently in the process of implementing a Restorative Just Culture process which will incorporate a resolution framework linking into zero tolerance. This piece of work will be reflective in HR policies, Grievance, Disciplinary and Capability.</p> <p>The group agreed that the gap between experiences of BAME Vs White being discriminated (4%) shows that there is still more to be done, therefore agreed a score of 2.</p>	
	<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 64 Health & Wellbeing Champions across CHCP who are a team of volunteers from across the organisation that are available for colleagues to contact for support and signposting appropriately. 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 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 a number of 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>3</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 number of 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>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 which for 2023 report as; recommend as a place to work 76% and recommend for care or treatment 90%. 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 employer. Engagement events such as the ‘What’s in it for me Roadshow’ and ‘Staff Awards’ also highlights the many different benefit packages which are on offer to staff. 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>There are regular reports now in place, which capture the demographics of the staff that leave the organisation.</p> <p>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 BAME, LGBTQ+ and Disability) in comparison to the staff that don’t identify with any of these groups.</p> <p><i>The group discussed that the scoring guidance does say that we should be reported over 85% staff would recommend the organisation as a place to work, on this year’s colleague survey the response rate was 76%. Given that we exceeds other local organisations and the on looking at other feedback from staff, the decision was that we were in fact excelling in this area, therefore scored at level 3.</i></p>	<p>3</p>

Overall scores for domain 2.		10	
<p>3. Inclusive Leadership</p>	<p>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>	<p>CHCP Board and leadership team demonstrate their understanding of and commitment to Equality and Health Inequalities through a number of 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 '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 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 thread 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 a number of initiatives in place which contribute to the health inequality agenda, such as being signed up to the; Armed Forces Covenant, Race at Work Charter and the Wellbeing commitment all of which are supported by the senior leadership within the business. 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</p> <p>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.</p> <p>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 the protected character or as sponsors/allies.</p>	<p>3</p>

		<p>The FREDIE executive lead chairs the FREDDIE steering group which is attended by staff from across the organisation who can contribute to and manage change, the chairs/vice chairs are also active members to the group. The Steering group reports progress and or risks to the Safe Quality Services Committee.</p> <p>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.</p> <p>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.</p> <p>City Health Care Partnership has accreditation status of the National Centre for Diversity award and in 2023 was recognised as the 20th most inclusive organisation in their top 100 index and as part of the assessment a number of the Director Team and other Senior Managers were invited to and attended interviews to discuss the progress of the organisation in respect of FREDIE.</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 in regard to 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 WDES. T</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</p>	<p>3</p>

		<p>used as the main toolkit for addressing and managing health inequalities across the organisation. The chief executive officer is the 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 are both factored into 2022/23 organisational business plans forming strategic and operational actions.</p> <p>Risk assessments are carried out ad-hoc, however all staff are offered wellbeing conversation as part of the management supervision and development reviews, the aim of these discussions are to provide additional support to those staff that may be experiencing difficulties in regard to their health and wellbeing, whether this be within the workplace or personal life</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 up to 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>The full senior management team meet weekly, the meeting is chaired by the chief executive office and provides an opportunity for open discussion in regard to 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>2</p>
<p>Total for Domain 3</p>			
<p>Overall organisational Score</p>			<p>8</p>



4. Scoring and Rating

On adding the scores from each of the outcomes together the organisation scores 26 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.

What needs to be considered is that the scores for domain 1 are based on just three operational services from within the organisation which has 50 plus services. 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.

5. Improvement Plan

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 all service-based action plans not just those that have taken part of the review. They will also form part of corporate and strategic plans. The Improvement plan 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:



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	Address the health inequalities faced by vulnerable groups to improve access to those who do not currently engage e.g TB patients having stigma or reduced perception of importance of engaging.	Community Nursing and TB
1b Individual patients (service users) health needs are met	Add a compliance to all clinical staff to undertake BP training Expand SUV to patients across all services and not just primary care Explore and introduce Video Observed Therapy (VDOT) for high risk unengaging TB patients	All services All services TB Service
1c When patients (service users) use the service they are free from harm	To increase the reach of the service to address health inequalities by supporting patients to access service in a location they feel safe and comfortable Continue to work closely with other partners, escalating safeguarding concerns to ensure that those people seeking asylum are safe in the environments they are living.	Sexual Health Services TB Service
1d Patients (service users) report positive experiences of the service	Increase local engagement to ensure we are listening to the voices of those in the local community and acting on them Explore the implications of using the SMS service to obtain feedback (TB Services)	Sexual Health Services TB Service



2a when at work staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	To provide opportunities for staff to exercise. Could link in with the social group for suggestions.	Workforce
2b When at work staff are free from abuse, harassment, bullying and physical violence from any source	Bridge the gap between experiences of BAME Vs White being discriminated (4%), link this in with the WRES report action plan.	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		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	Work on demonstrating where those staff at band7+ are reflective of the population we serve, considering improvement year on year, linking this in with the WRES reporting	Leadership