

Classification: Official

Publication approval reference:



NHS Equality Delivery System 2022
[EDS Reporting Template](#)

Third Version (test)

Version 0.8, 18 February 2022



Gateshead Health NHS Trust

Contents

Equality Delivery System for the NHS	Error! Bookmark not defined.
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NHS Equality Delivery System (EDS)

Name of Organisation		Gateshead Health NHS Trust		Organisation Board Sponsor/Lead	
				Amanda Venner	
				Executive Director People and OD	
Name of Integrated Care System					

EDS Lead			At what level has this been completed?	
				*List organisations
EDS engagement date(s)	<p>This EDS assessment covers the period July 2022 – Feb 2023 for services using Domain 1, in line with national requirements.</p> <p>The information collected concentrated on the following areas of work:</p> <ul style="list-style-type: none"> • Palliative Care Services • Patient, Public and Carer Engagement • Health and Well Being Offer • Involvement and Experience Group (PPCIE) • There is also a cross reference to the Health Inequalities programme of work <p>To support our EDS work, we are looking at how an EDS stakeholders meetings can be</p>		Individual organisation	<p>Gateshead Health NHS Foundation Trust</p> <p>We have liaised with some external Voluntary Sector Bodies as well as having discussions with external EDI leads in respect of the work being undertaken.</p>

	<p>held on a regional basis. This will help in two ways.</p> <ol style="list-style-type: none"> 1. Developing new connections with external groups 2. Assess the commonalities around access and service provision across the Trust and on a regional basis. <p>We have taken on board that this is an internal-only grading.</p> <p>We also note this is a transition year for the new EDS 2022 framework, which was released to trusts in later Summer 2022 and trusts are encouraged to report progress to date. Therefore, this report includes the activity that was started in 2022 and continues in its own right to date. The EDS information cross references to the WRES/ WDES indicators.</p>		
			<p>Partnership* (two or more organisations)</p> <p>Yet to be fully established. Discussions with regional EDI Colleagues taking place. This will be cross referenced to the EDS engagement dates 2024 for submission in 2025</p>
			<p>Integrated Care System-wide*</p>

Date completed	20 st February 2023	Month and year published	29 th February 2023

Date authorised	26 th February 2023 (EMT)	Revision date	
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Completed actions from previous year	
Action/activity	Related equality objectives
<ul style="list-style-type: none"> Our previous activities were linked to the WRES / WDES work, cross referencing to EDS Domains. A scoping exercise around which stakeholders need to be involved was not achievable – <i>this however is being reassessed – how to engage with our stakeholders on a regional basis.</i> Two sessions around Cultural Competency were delivered and further training is being assessed <p>Domain 1 the Trust specifically looked at Learning Disabilities.</p> <ol style="list-style-type: none"> Learning Disability diamond standards acute care pathways have been implemented within the trust to ensure that individuals have the same access to healthcare as anybody else with adjustments made when needed. Holistic needs assessment is completed and the learning disability specialist liaises with the specialists involved Awareness and acute care pathway training and vulnerabilities are discussed, the core values and principles explore ways in which care is adjusted for the individual Within the NHSI improvement, standards report 76% of feedback received from patients with a learning disability indicated that they were happy with the care they received. 	<p>Information pertinent to the domains was cross referenced to our existing Equality Action Plan and EDI KPI metrics. (which incorporated the WRES / WDES action plan) and the EDI strategy.</p>

<p>For 2024/ 25</p> <p>A refreshed view around which stakeholders need to be involved is being relooked at by the regional EDI leads. This is to capture the needs of patients who access services on a regional basis.</p> <p>In consultation with the ICB, working groups have been formed to assess and take forward specific pieces of work (information collected will clearly reference the current Domains)</p> <ul style="list-style-type: none"> • Region Wide Eqla Group – understanding a collective approach around undertaking assessments on policies – some of which are of a similar nature across all Trusts. • Bespoke EDI training linked to the WRES / WDES staff survey Metrics. • The viability of delivering a Regional wide Cultural Competency training <p>For the Trust specific EDI KPI's (WRES and WDES), existing and new actions are standing agenda item on the Human Rights Equality Diversity and Inclusion Programme Board. (HREDI Programme Board)</p> <p>Ongoing work around the WRES / WDES data collected analysed and monitored on a regular basis at HREDI Programme Board</p>	<p>As above, but also agree on specific EDI actions related to service areas Specifically linked to the High Impact Actions Areas as well and cross referencing these to the WRES/ WDES indicators</p> <p>WRES / WDES actions in respect of each of the indicators is continuously adhered to.</p>
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EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Palliative Care Services</p> <p>The Palliative and End of Life Care (PEoLC) statutory guidance for integrated Care Boards (ICB's) published in July 2022 outlines the implication of new legal responsibility for ICB's to commission health services, including palliative care services, that meet their population need in response to this.</p> <p>Technical guidance with details of service specification was published in September 2022 followed by a handbook for ICBs at the end of the month. These very helpful documents demonstrate a powerful need to develop the service in Gateshead to meet this nationally mandated specification and an exciting opportunity to transform and develop this crucial element of care for the patients we serve. The guidance shows a clear requirement for:</p> <ul style="list-style-type: none"> • proactive identification of patients in their last year of life to allow personalised planning • 7-day assessment, advice and management by specialist nurses alongside • working towards an adequate number of consultants to allow on call with face-to-face assessment when needed 24/7. • 'an MDT with the requisite qualifications, expertise and experience in offering PEoLC to people with progressive life limiting illness and with or without comorbidities' which must include physiotherapists, 		Palliative Care Team

		<p>OTs, social workers, psychologist, spiritual care, dieticians, speech and language therapists, pharmacists and specialists in interventional pain management.</p> <ul style="list-style-type: none"> • coordination of IT and communication systems and • an equity and health inequalities impact assessment and action plan. This element is reinforced by the NHS England Palliative and End of Life National delivery plan 2022-2025 which sets out a three year trajectory for PEOLC focusing on access, quality and sustainability (embed). <p>The Royal College of Physicians and the Association of Palliative Medicine state that where models of 24-hour, seven-day access to care have been implemented, evaluation reveals:</p> <ul style="list-style-type: none"> • improved outcomes and experiences for patients and their families, and increasing quality and standards of care • Improved access to hospice inpatient admission for patients requiring urgent transfer into a specialist palliative care bed, at weekends and Bank Holidays • prevention of unscheduled, avoidable acute hospital admissions and A&E attendance • improved support for providers of general palliative care, throughout primary and secondary care. <p>An independent report from the End of Life care Partners Think Tank comprising representatives from a wide section of voluntary and statutory organisations highlights how significant this benefit could be- one project based in Merseyside resulted in 154 fewer admissions over a 6 month period and reduction in average length of stay leading to an annualised decrease of 5883 bed days. With 1/3 of NHS funding spent</p>		
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		<p>on patients on their last year of life- the possibility for financial savings is significant. There have been several examples of virtual wards being used for palliative and end of life patients and recent guidance has been issued to support this possible source of funding.</p> <p>Social Finance, an organisation that provides funding for service development projects at end of life, state that 79% of people want to die at home but only half of them do so. The average spending in last 3 months of life per person £1000 for community and £4500 hospital. They provide loans on a 3 year fixed term basis to projects that are predicted to save costs by avoiding hospital admission- if these predicted savings are made they are used to pay back the loan. If no savings are made, then the project is reviewed but repayment is not needed if savings are still not as predicted. They are currently receiving a second wave of bids and would be willing to consider a project in Gateshead.</p> <p>Given these strong national drivers and potential opportunities outlined above, we are keen to take the opportunity to develop the services in Gateshead to best meet the needs identified for our patients.</p> <p>Due to the previously detailed changes with staff turnover and retirement there has been a recruitment drive which has been very positive in successfully recruiting 6 wte new band 7 specialist nurses into the team. Professional development is underway to ensure these new members have opportunity to secure places on extended core skills such as clinical skills and non-medical prescribing. The concern of staffing issues was highlighted on the risk register but has now been</p>	1	
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		<p>removed. There is still support and supervision required to the new team as they are all junior specialist nurses requiring senior support on complex patient decision making.</p> <p>The provision of End of Life Care Facilitators (now 1.6 wte Band 7) has increased from 1 Band 7 and 0.5 Band 6.</p> <p>Public Engagement and Education Workstream</p> <ul style="list-style-type: none"> • The 2023 prospectus has been developed and to be promoted across all care setting. • Bespoke training has been delivered to mental health units with consultation about a SOP to guide and support the care of dying patients on mental health inpatient units. • Evaluation of all the education delivered over 2022 collected and will be collated and presented in the annual report for 2022/23. • New courses according to evaluation have been developed of advanced care planning and communication with palliative patients • Pioneering work, led by the Macmillan dietician, aims to explore the understanding of staff about anorexia cachexia syndrome, a common but poorly understood condition in patients with advanced illness alongside baseline data collection on possible patients. The aim is to assess understanding and develop an education resource that can be evaluated and consider how to meet the symptom needs identified. This has been supported by the innovations team. • Education survey completed capturing educational requirements from consultants and GP's to develop level 4 education for 2023. • The clinical lead remains the consultant supervisor of an innovative SIM based teaching resource that has been supported by HEENE with the aim of delivering SIM based palliative care teaching to all 	1	Palliative Care Team
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		<p>IMTs in the region. The resource has also been shared with TPDs or clinical leads from all deaneries across the UK.</p> <ul style="list-style-type: none"> • Dying Matters week this year a face-to-face event was planned at the Metro Centre to engage with public, in partnership with Regent Funeral Services this was very successful and engaged with many members of the public. • The schools project has been running for the last four years. Initially with Cardinal Hume school in response to the national 'Ambitions for End of Life Care' requirement that we engage with local communities and improve public understanding and discussions around death and dying. The initial work showed that students were keen to learn more and did have gaps in their knowledge. Work has therefore been conducted to develop curriculum resources for secondary schools- a pilot was completed in July and evaluation and discussion of this with the school senior management team is looking to develop an exciting video resource that could be used more widely. The school reported <p><i>'We were delighted to be able to work with palliative care providers in the region to support the development of this important aspect of our personal development offer. Students welcomed the expert input into the delivery of the sessions which were informative, well prepared and thought provoking'.</i></p> <p>These plans are being made in discussion with the innovations team.</p> <ul style="list-style-type: none"> • There has been a full review of the content of the intranet and internet sites and development of this remains ongoing. • A Specialist Palliative Care Team away day was successfully evaluated with attendance from all members of the team including representative from St Bede's, lead nurse and senior community 		
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		<p>managers. The theme of compassionate leadership and development of the Specialist Palliative Care Strategy 2023-2028 was included and a working group was set up from this to complete the strategy. Promotion of positive team behaviours and effective change management was also included.</p> <ul style="list-style-type: none"> • Representation at the Trust Annual Open day was successful, engagement with both trust staff and members of the public was positive. <p>Patient, Public and Carer Involvement and Experience Group (PPCIE)</p> <p>The Trust's above group meets on a 4 monthly basis. We have had representatives from the <i>Year of Care</i> present their new project for having personalised plans for people who have two or more long term conditions and either have frailty, are frequent A&E attenders (twice or more in 6 months) or live in a deprived area for health.</p> <p>There is a current trial for this in 2 areas in Cumbria. The idea is that there will be a central care coordinator for people who is there to support the person get the best health care outcomes from each interaction with Health care providers.</p> <p>Rather than going through a trial period, The Year of Care is going with a continuous review approach. The feedback from the group was positive and the presentation was well received. There were a few issues identified within the LTC group. The DNA CPR section was seen to be confusing as to whether the person undertook CPR or not and that the language was not clear enough. We have agreed to look at the</p>	1	<p>Patient Experience Facilitator/ Patient Experience and Volunteer Manager / EDI Manager</p>
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		<p>methodology and results around how this is monitored.</p> <p>PPCIE have produced Patient facing boards and discussed at the LTC group. As the boards are being replaced, it was agreed that the new boards would be coproduced with members of the the public. The information will ensure that there is alignment with CQC guidance as well as getting the publics opinion about what is important for them to know.</p> <p>Patient profiling data (service use) and DNA data analysis: Demographic data is collected during the patient admission process and includes Age, Religion, Race and Gender and Marital status.</p> <p>Risk and Incident data and analysis: Monthly Risk Management Committee meetings take place and themes and trends are identified through this meeting, including patient access.</p> <p>Complaints management: Weekly meetings are held to review all complaints and Serious Incidents, identify concerns related to process and compliance with timeframes, escalate as appropriate.</p> <ul style="list-style-type: none"> • Standard Operating Procedure (SOP) in place. • Data captured on the Datix system linking with the whole Trust. • Protected Characteristics data collected on local systems. • Identification of complaints linked to discrimination / ethnicity is 0% of formal complaints. • 596 Informal complaints received in the Patient Advisory Liaison Service (PALS). 10% were identified as relating to 		<p>Patient Experience Facilitator/ Patient Experience and Volunteer Manager / EDI Manager</p> <p>Patient Experience Facilitator/ Patient Experience and Volunteer Manager</p> <p>Patient Experience Facilitator/ Patient Experience and Volunteer Manager / EDI Manager</p>
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		<ul style="list-style-type: none"> • appointment delays and cancellations for outpatient appointments. There were 282 complaints relating to cancellation of inpatient appointments. • 4% formal complaints were received in the same period relating to cancellation of appointments. <p>Accessible Information Standards & Interpretation Services - most spoken language in Queen Elizabeth</p> <ul style="list-style-type: none"> - English 92.1% - 1.2% Urdu - 0.8% Polish - 0,7% Bengali and - 0.6% Punjabi. <p>Interpretation and translation can be arranged for Patients in 190 different languages / dialects.</p> <p>Top 6 languages from 2022-2023 are Arabic (Modern Standard), Kurdish (Sorani), Polish, Farsi (Persian), Mandarin and Romanian.</p> <p>Fulfilment of bookings for this period are as follows:</p> <ul style="list-style-type: none"> - Arabic (Modern Standard) 90% - Kurdish (Sorani) 73% - Polish 82% - Farsi (Persian) 96% - Mandarin 57% - Romanian 79% 	2	Patient Experience Facilitator/ Patient Experience and Volunteer Manager / EDI Manager
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		<p>Absolute Interpreting and Translations Limited provide the Trust's interpreting and translation service.</p> <p>Patient Feedback related to access to services: Monitoring compliance and effectiveness of the complaints process is achieved by weekly meetings attended by the Senior Nursing & Midwifery team and the PALS team. A SOP is in place and demographic data captured on the Ulysses system.</p> <p>Equality Impact Assessments: Equality Impact Assessments are undertaken to help ensure decisions, practices and policies within organisations are fair and do not discriminate against anyone with Protected Characteristics. Subject matter specialists complete an EqIA which is then checked through with the Equality and Diversity manager. Plans are underway to deliver EqIA training for SME across the Trust in 2023/24.</p> <p>Health Inequalities The North East and North Cumbria Health and Care Partnership have developed 2 Health Inequality Toolkits which can be used as guidance and signposting. The Health Inequality Toolkit 'Acute Foundation Trust' provides an outline of what the various clinical networks can do collaboratively, namely- the ARC, NHSE, PHE, ICS, AHSN, PCN's, local authorities, ICP and the Health and Wellbeing Boards.</p>	2	Patient Experience Facilitator/ Patient Experience and Volunteer Manager / EDI Manager
			1	SME / EDI Manager
			1	Deputy Director Corporate Services and Transformation

		<p>There is a significant focus in this toolkit on the impact COVID 19 had in the existing health inequalities.</p> <p>The 2nd Health Inequalities toolkit which is dated August 2023, has a lot of overlaps with the other toolkit, however it has more of a source of information and signposting regarding how to tackle health inequalities to be implemented by teams and organisations.</p> <p>This toolkit has an emphasis on the NENC IHB Health and Fairer programme working towards the ICB goals of 'Longer and healthier lives' and 'Fairer outcomes for all.'</p> <p>The Health Inequality Toolkit 'Acute Foundation Trust' has 7 themes:-</p> <ol style="list-style-type: none"> 1. Understanding inequalities in your organisation. 2. Addressing inequalities in access, service users, outcomes and experience 3. Opportunities for preventative programmes 4. Identifying and addressing social determinants for health. 5. Looking after the workforce. 6. Partnership working. 7. 7 Strengthening the organisations role as an anchor organisation. <p>An exercise has been carried out to develop evidence against the above 7 themes, ultimately this is helping in developing a corporate action plan.</p> <p>Using the NHS Health Inequalities Toolkit several questions have been explored relating to the 7 themes. This proved beneficial in helping to summarise what the Trust is doing regarding work associated to Health Inequalities, it also helps to highlight areas which the Trust could</p>		
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		<p>develop further and expand, essentially recognising any gaps, which is the scope of the project.</p> <p>This project follows on from the Trust's 'Quality Account-2022-2023'. The account stated there were 12 quality priorities which were initially highlighted in the 'Quality Account 2020-2021 and it discussed how these priorities were still of high importance in 2022-2023, the account provided an update of the Trust's work regarding the priorities. Of the 12 quality priorities listed, all of which are still very relevant now, the following priorities are especially pertinent in the health inequality gap analysis project, namely-</p> <ul style="list-style-type: none"> ➤ Reinvigorating the Volunteering process ➤ Understanding and improving the experiences of service users with Learning Disabilities and Mental Health needs ➤ Working with patients as partners in improvement ➤ Focusing on the health and wellbeing of the workforce ➤ Advocating for equality, diversity, and inclusion for all the workforce <p><i>An example of addressing Health Inequalities</i></p> <p>Gateshead NHS Foundation Trust is committed to providing a safe and healthy environment and acknowledges the health hazard and welfare issue of smoking and second hand smoke for patients, visitors, contractors and staff.</p> <p>NHS England and Public Health England jointly called for all NHS Trusts to become Smokefree as stated in the Tobacco Control Plan for England (2017). All NHS trusts must implement NICE NG209 (Tobacco:</p>		
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		<p>preventing uptake, promoting quitting and treating dependence) (NICE, 2021) to qualify as Smokefree.</p> <p>Gateshead NHS Foundation Trust has committed to achieving smoke free status by 1 September 2019, and has signed the NHS Smoke free Pledge. This pledge was renewed by Gateshead Health Executive Board in May 2022</p> <p>The Smoke free Pledge commits the Trust to:</p> <ul style="list-style-type: none"> • Treating tobacco dependency in patients and staff • Ensuring that smokers within the NHS have access to the medication and support they need to quit • Creating environments that support quitting through implementing a smoke free policy • Delivering consistent messages to smokers about harms from smoking tobacco and the opportunities to quit, and • Actively working with local authorities and other stakeholders to reduce smoking tobacco prevalence and health inequalities. • Protect tobacco control work from the commercial and vested interests of the tobacco industry • Support Government action at national level • Publicise this commitment to reducing smoking in our communities by joining the Smoke free Action Coalition (SFAC) <p>This not only looks to ensure grounds are smoke free but that all patients who are admitted are treated for their tobacco dependency with medication.</p>	1	
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	1B: Individual patients (service users) health needs are met	<p>Addressing Health inequalities in access, service, users, outcomes and experience</p> <p><i>Some examples:-</i></p> <ul style="list-style-type: none"> • Smoking Rates - It has been noted that there has been a reduction in the smoking rates between patients and staff- Well received service which has seen the number of staff who smoked not only from this Trust being reduced, also each patient identified as a smoker on admission is followed up and support is offered while they are an inpatient and signposting is provided so that if they wish to they can continue in their quit attempt. • Alcohol Navigator Nurses- See patients identified as having a dependency while an inpatient, support and signposting is offered and the opportunity is taken to see if the patients is in the right place mentally to try and change their lifestyle and reduce their alcohol intake, make the first steps. • Homeless Nurse- Now has clients who will go to see her in the community rather than Accident and Emergency, • Diabetes Team-have carried out a lot of training regarding prompt referrals to Podiatry and Orthopaedics Teams when required, as a result amputations have reduced. • Paediatric Consultants within the Trust are working closely with community teams to provide care and support to children who are Asylum Seeker/Migrants/Refugees. As well as medical assessments, translators are organised and there are various health promotion and education programmes which are being implemented for these individuals. 	2	Deputy Director Corporate Services and Transformation
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		<p>There are many more areas where invaluable work is being carried out to tackle the inequalities of health for the Gateshead population and this will be presented as part of the gap analysis project.</p> <p>In Gateshead life expectancy is lower for both genders compared to that on average in England. In Gateshead a males life expectancy is 77.4 years and females life expectancy is 81.6 years, compared to that on average in England which is 79.4 and 83.1 years respectively.</p> <p>Gateshead is ranked 47th most deprived out of the 317 local authorities in England and within Gateshead there are 21 areas which fall within the 10% most deprived areas in the whole of England, this equates to 16% of the population of Gateshead, most of the deprivation is within the central and eastern urban areas of Gateshead.</p> <p>Palliative Care Services Please see below, evidence of where individual patient's (service users) health needs are met</p> <p>The Hospice at Home service was funded for 3 years and has now entered its final six months of confirmed funding. The evaluation of this service is underway and forms part of the palliative care community transformation work stream. This is a collaborative approach with partners across Macmillan, ICB and CHC. The priority is to gain confirmation of funding for the service moving forward, as previously confirmed by the trust, as although staff who were initially on temporary contracts have now been given permanent contracts</p>	2	Palliative Care Specialist Nurses
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		<p>they are aware that redeployment may be a risk if the service does not continue.</p> <p>Specialist palliative physio on a fixed term secondment: a role been developed across St Bede's and acute setting with limited input into community setting for patients discharged from St Bede's. This role has shown the significant impact for our patients and potential to develop this further.</p> <p>There continues to be no specialist Social Worker and the OT is based within the rapid response and not within the specialist palliative care team. The requirement for specialist AHP input and how to address this is the focus of a current work stream within the transformation programme.</p> <p>We have met with Sarah Gorman, CEO of Edbert's House and NHSE Regional Learning Co-ordinator & PCN Advisor about how to most effectively use the local community link workers to meet the social needs of our palliative patients. We are due to pilot a joint working programme with the collection of data in the New Year.</p> <p>Wider service provision</p> <ul style="list-style-type: none"> • Nerve Centre: continue to offer review of patients on end of life observations. Work has commenced reviewing the nursing documentation for palliative patients in line with this and the care of the dying patient document nursing care recording requirements. • Hidden Medway alert to highlight when patients known to the service are admitted to hospital is now in full use and has been very 	1	Palliative Care Specialist Nurses
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		<p>helpful in highlighting complex patients known to their team at the point of admission.</p> <ul style="list-style-type: none"> • Medway alert and clinical note for very complex patients to guide management in initial stages for acute frontline staff now embedded into MDT • Continued attendance at MDT meetings across site specific teams. • GP practice palliative meetings: guidance has been sent to all GP's and care homes including updated details of link Macmillan nurse for each locality team and care home. <p>Trust and regional links</p> <p>Regular input into trust mortality and morbidity steering group, mortality council and medicine and community services management and safecare meetings.</p> <p>Participation in regional End of Life Facilitators meeting, regional Clinical Leads meeting, Speciality Training Committee, Northern Palliative Care Academy, North of Tyne Palliative Care Network Locality Strategy Group, Joint Clinical Services Committee and North East and North Cumbria Palliative and End of Life Care Network with oral and poster presentations at December's NENC PEOLC</p> <p><i>Network Celebratory event.</i></p> <p>We co-hosted, with Marie Curie Hospice, the Northern Regional Palliative Care Physicians Group, a RCP approved educational half day event for all palliative medicine doctors in the region in November 2022.</p>	2	Palliative Care Specialist Nurses
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		<p>The four work streams that report to the steering group have been condensed to three.</p> <p>These workstreams are:</p> <ul style="list-style-type: none"> • Service effectiveness and risk • Education and training and public engagement • Service development <p>Service Effectiveness and Risk Work Stream</p> <ul style="list-style-type: none"> • NACEL Round 4 (2022) data collection complete and submitted 7/10/22. Draft toolkit received 25/10/22. Final benchmarking results awaited, but no evidence of major issues / outliers in preliminary results. • Palliative discharge checklist in development, aiming to improve organisation and communication of discharge plans. • Serious Illness Care Programme (SICP) is a multi-component intervention that was developed in the United States and employs clinical tools, training programmes and systems innovations to improve the care of all persons with serious illness. There is extensive research evidence in the US to show it can change practice to allow more, earlier, better, and more accessible serious illness conversations which benefit patients. Gateshead, alongside Newcastle and Northumbria trusts are part of a research study to explore the acceptability and impact of the programme with patients and clinicians in the UK. The Research and development team are now on board and recruitment of patients aims to begin January 2023. The first in house full day training day was delivered in November 2022 to interested staff with a further two sessions planned for next year. Teams are invited to express an interest for bespoke sessions if required. 	2	Palliative Care Specialist Nurses
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		<ul style="list-style-type: none"> • Audit of management of hypercalcaemia with bisphosphonates on St Bede's – protocol for Vitamin D replacement in progress, re-audit planned for 2023. • Audit of use of anti-epileptics in dying patients – to be commenced by pre-reg pharmacist Dec 2022, • Audit of A&E attendances – exploring preventability, scoping for 7 day working pilot project. <p>Age, Disabilities, ethnicity, pregnancy & maternity</p> <p>Gynaecology:</p> <p>Gynaecology has a range of policies, guidelines and SOP's to maintain good access to the services from the young adolescent being referred from Children ED to those requiring access to the Early Pregnancy loss / Emergency Gynaecology Unit, (for treatment for hyperemesis and sadly for care following a miscarriage). Women requiring treatment for cancers, endometriosis, menopause and urogynaecology disorders</p> <p>There are guidelines in place to support referrals to and from external units and across the Trust to provide a positive patient experience and safety.</p> <p>There are guidelines in place to support referrals to and from external units and across the to provide a positive patient experience and safety</p> <p>A very successful MCM5 study was recently undertaken The study recruited ladies who were referred into the Rapid Access Clinic with a post-menopausal bleed. Once eligibility was checked patents who</p>	2	Gynaecological Oncologist Team
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	<p>were eligible were sent information about the study and when they attended clinic if they wanted to take part consent was taken.</p> <p>The study was a performance evaluation study of ARQUER Diagnostics Ltd.'s MCM5 ELISA (Adxgynae) test in the aid in the diagnosis of endometrial cancer. This was carried out by collecting 2 urine samples, the 1st sample was collected following an abdominal USS then a 2nd sample following Trans Vaginal scan and a 3rd sample was collected if the patient went on to have a hysteroscopy.</p> <p>As part of the data we collected the patient's ethnicity. We recruited 400 participants and you can see below the ethnicity groups.</p> <table><tr><td>Ethnicity</td><td>White</td><td>398</td><td>Black</td><td>1</td><td>Asian</td><td>1</td><td>Hispanic</td><td>0</td><td>Other</td><td>0</td></tr></table> <p>Pregnancy and Maternity, age, disability, ethnicity, spiritual beliefs. Gateshead Health NHS Foundation Trust is one of the top providers of maternity care in England, according to a survey of new parents. The report ranks maternity care as the 5th best out of 61 across the country.</p> <p>The report ranks maternity care as the 5th best out of 61 across the country. This prestigious recognition, based on the annual Care Quality Commission (CQC) survey, reflects the dedication and compassion of the maternity team in providing exceptional care to pregnant people and their families.</p>	Ethnicity	White	398	Black	1	Asian	1	Hispanic	0	Other	0		
Ethnicity	White	398	Black	1	Asian	1	Hispanic	0	Other	0				
		3	Deputy Chief Executive, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals / Head of Midwifery/SCBU											

		<p>This prestigious recognition, based on the annual Care Quality Commission (CQC) survey, reflects the dedication and compassion of the Trust's maternity team in providing exceptional care to pregnant people and their families. The CQC survey gathers feedback from thousands of new parents across England, assessing their experiences of care during pregnancy, childbirth and the first few weeks with their newborn.</p> <p>Gateshead Health achieved outstanding scores in key areas, including:</p> <ul style="list-style-type: none"> • Antenatal support: new parents praised the comprehensive information and guidance provided throughout their pregnancy journey. • Labour and birth: respondents commended the supportive and respectful environment created by the team during a crucial and emotional time. • Postnatal care: Gateshead Health received high marks for its commitment to wellbeing, offering excellent support to mothers and their newborns in the early days and weeks. <p><i>"We are absolutely thrilled to be ranked fifth best maternity service in the country. This incredible achievement is a testament to the tireless efforts of our dedicated midwives, doctors, and support staff, who are all committed to providing compassionate and tailored care to every mother and family we serve.</i></p> <p><i>"What resonates with me is the excellent feedback on communication, empathy, and empowerment. Almost 100% of people had positive feedback on how our staff communicate with them, listen to and empower people throughout their pregnancy and birth journey and</i></p>		
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		<p><i>that they had trust and confidence in our staff. That's the essence of exceptional maternity care, to make sure that people feel supported and empowered every step of the way. It's incredible to know from our patients that they think we're achieving that."</i></p> <p>Gill Findley, Deputy Chief Executive, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals</p> <p>In almost all areas, Gateshead Health has improved on the results from the previous year. People surveyed were especially impressed by the way the maternity staff communicated with, listened to and empowered them throughout their pregnancy and birth, with almost all saying that they had complete trust and confidence in the people who supported them.</p> <p><i>"The feedback from new parents is incredibly valuable, we listen to people who use our services, to learn from their experience on how we can improve and enhance our care. These results confirm that we are on the right track in delivering high-quality, person-centred maternity services.</i></p> <p><i>"We know that there are always areas to improve, especially around the physical environment and space for partners to stay with new mums. We have made improvements in this area, increasing satisfaction from 11% in 2022 to 40% in 2023, as we now have personalised care planning with families to offer overnight partner support where appropriate and available."</i></p> <p><i>"Thank you to the women and families who have entrusted us with their care and shared their feedback. We continue to remain</i></p>		
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		<p><i>committed to providing excellent maternity care for generations to come.”</i></p> <p>Karen Parker, Head of Midwifery</p> <p><i>“This is fantastic recognition for the Gateshead team from the very people they have cared for. The team has undoubtedly worked hard to listen, communicate, and build trust with the women they supported in their pregnancy and birth. They should be proud of the improvements they have made and the care they provide to women and their families at a most precious time.</i></p> <p><i>“We will be looking at and sharing the feedback from these surveys across the region so that we can learn together and improve women’s experiences further.”</i></p> <p>Samantha Allen, Chief Executive, North East and North Cumbria Integrated Care Board</p>		
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		<p>and clinicians in the UK. The Research and development team are now on board and recruitment of patients aims to begin January 2023. The first in house full day training day was delivered in November 2022 to interested staff with a further two sessions planned for next year. Teams are invited to express an interest for bespoke sessions if required.</p> <ul style="list-style-type: none"> • Audit of management of hypercalcaemia with bisphosphonates on St Bede's – protocol for Vitamin D replacement in progress, re-audit planned for 2023. • Audit of use of anti-epileptics in dying patients – to be commenced by pre-reg pharmacist Dec 2022, supervised by Clare Macgregor. • Audit of A&E attendances – exploring preventability, scoping for 7 day working pilot project. <p>Disability: Learning Disability and/ or Autism (LD/A) standards is monitored and compliance is reported. The trust is looking at LD/A champions to support staff to deliver personalised care plans with carers. (This was also one of the service areas we concentrated on in our last submission)</p> <p>Learning Disability Nurse has been supporting in the development of proactive personalised care plans</p> <p>Staff are made aware of Guidelines, Policies and SOPs relevant to ethnicity related disorders such as Haemoglobinopathy to provide safe practice guidance for care provision.</p> <p>Religion and Belief</p>	2	Lead Nurse for learning Disabilities
			2	The Chaplaincy Team

		<p>There were 59 Informal complaints received in June and 58 received in July. The themes seen in the concerns are:</p> <ul style="list-style-type: none"> • Complaints <ul style="list-style-type: none"> ○ Appointment delays and cancellations ○ Communications issues • Facilities <ul style="list-style-type: none"> ○ Car parking <p>Formal Complaints</p> <p>There were 36 formal complaints received in June and 27 received in July. 93 formal complaints closed across June and July. There are 9 overdue formal complaints. The main themes across the business units was linked to clinical treatment.</p> <p>Compliments</p> <p>There were 26 compliments received in June and 27 received in July.</p> <p><u>Lesson Learnt</u></p> <p>Ward 9 has now introduced a direct oral anticoagulant initiation checklist, which includes the check for contraindications and they are auditing how well that it is being used.</p> <p>PLACE visits</p> <p>6th of June to the 31st of August.</p> <p>Areas identified as having issues:</p> <ul style="list-style-type: none"> • Ward 4 had some cleanliness issue – which have been sorted. • Ultrasound has been deep cleaned and had the issues sorted. 		
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		<ul style="list-style-type: none"> • ECC Majors and A&E main entrance had some issues identified and the star rating has now gone back up. • Theatres has an ongoing performance issue Actions around this have been developed. <p>Patient Experience Annual Report The above mentioned report combines data from across the whole of Patient Experience.</p> <p>Complaints data for the year is reported. The themes of communication, clinical treatment and staff values and behaviours is stable across the year.</p> <p>There has been an increase in the number of Parliamentary and Health Service Ombudsman cases. As a result, there is another piece of work going on to deep dive into those cases.</p> <p>The complaints survey that is sent to complainants every quarter is discussed. It has been identified that the survey is not well responded to and that the diversity breakdown is consistently, white males who are 50+ years old.</p> <p>Discussions around reinvigorate volunteers' service have resulted in more volunteers being recruited and there are plans to look at increasing the diversity of volunteers the Trust has.</p> <p>The PALS area is having some building work done and the name is being changed to the Patient Experience and Information hub. A therapy dog for patients is also in place.</p>		<p>Patient Experience Facilitator/ Patient Experience and Volunteer Manager</p>
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		<p>There has been quite an appetite for setting up patient forums across the Trust to inform quality improvement decisions. There is ongoing discussions with equivalent manager from Newcastle to discuss their governance around the groups.</p> <p>Volunteers 2556 tasks were undertaken by the volunteers. This saved staff 527 hours. A Volunteer dashboard is being created and will be reflected in future reports and engagement work.</p> <p>Choice's College (formerly Project choice) still has a connection with the team and students are regularly joining the volunteers. The ages of the students ranges from 16 to 24, with the majority of students having a learning disability or difficulty. PALS was invited to attend the Choice's College student presentations and was impressed by how many different departments from the Trust were in attendance as well.</p> <p>During the industrial action, the volunteers have been helping out on ECC signposting people and asking questions; 'do you need to be here?' and 'Who sent you here?' This was positively received.</p> <p>Volunteer's week was in June; however, the team held their event in July in alignment with the NHS's 75th birthday. One of the long-standing volunteers was acknowledged at the event for the 20+ years she has given to the volunteers' service prior to announcing her retirement.</p>	2	Patient Experience Facilitator/ Patient Experience and Volunteer Manager
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Domain 1: Commissioned or provided services overall rating			32	

For this domain the score is 32 – equates Achieving

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: <i>Workforce health and well-being</i>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Employee health and Wellbeing</p> <p>The role of the Employee Health and Wellbeing Service Programmes Team is to develop, coordinate, deliver and evaluate specialised programmes that embrace key employee health issues/risks and maximise employee engagement in line with Public Health Policy e.g. smoking cessation, healthy eating/obesity reduction, alcohol reduction, work related stress prevention. Our role is to raise awareness, promote healthy lifestyle behaviours and not specifically monitor or track the management of such behaviours.</p> <p>The team develops, plans and delivers preventative ill-health programmes and core training, whilst working with other health professionals</p> <p>We work with key National and Regional partner organisations to ensure initiatives and support mechanisms are in place that will support the needs of our diverse workforce and those with protected characteristics.</p>	2	Health and WellBeing / Occupational Health/ EDI Manager

		<p><u>Access to preventative interventions that encourage healthy lifestyles</u></p> <p>Supportive Environment Health and Wellbeing ambassadors are individuals who work at all levels of the Trust, from all demographics and roles, who promote, identify, and signpost colleagues to local and national health and wellbeing support offers.</p> <p>The Health and Wellbeing ambassadors role is intended to be delivered as an additional responsibility to the day-to-day role of ambassadors, and is filled by colleagues within a team, who have a particular interest in health and wellbeing and who are keen to support the wellbeing of their colleagues.</p> <p>The organisation's network of health and wellbeing ambassadors is further supplemented by an additional network of trained Mental Health First Aiders. These colleagues are also within various teams and roles across the organisation, and serve to provide non-judgemental listening support, guidance and signposting to those in need.</p>	2	Health and WellBeing / Occupational Health/ EDI Manager
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		<p>H&W Programmes initiatives and promotional campaigns:</p> <p>It has been reported that lifestyle behaviours; Tobacco use, unhealthy diet and a sedentary lifestyle increase the risk of developing the four long-term conditions that are associated with the large majority of preventable deaths and health inequalities: cardiovascular disease (CVD), cancer, respiratory disease and diabetes. The programmes initiatives and promotional campaigns help to target and improve these behaviours. Included amongst the support available in these areas are targeted support to help in quit attempts which includes free nicotine replacement products; access to the NHS staff Digital Weight Management Programme; discounted gym memberships; on-site physical activities and more.</p> <p>Further to this, the team also operates a calendar of events which it marks annually to raise awareness of certain conditions, health causes and so on.</p>	2	Health and WellBeing / Occupational Health/ EDI Manager
		<p>Fitness for work referrals when further advice needed around reasonable adjustments:</p> <p>The Occupational Health and Wellbeing service offers an opinion and/ or recommendations to support employees in cases where sickness absence or ill health may lead to frequent short-term</p>	2	Health and WellBeing / Occupational Health/ EDI Manager

		<p>absences, long-term absences and/ or the ability to perform work. Advice and/or recommendations may be offered regarding vocation rehabilitation, return to work, job modification, redeployment and early ill health retirement.</p> <p>A proactive approach to reasonable adjustments is also taken in many instances, with documentation such as carer's passports and menopause passports there to support colleagues in helping aid their line manager with a better understanding of the impact being a working carer or experiencing symptoms of menopause may have in the workplace – and prompt consideration around what reasonable adjustments may be made to support them. Stress Risk Assessments are also in place for this purpose.</p> <p>Managers undertake stress risk assessments with staff members when needed</p> <p>There is a systematic approach to implementing procedures and checklists for managing work-related stress. Stress risk assessments help to measure how demand, control, support, relationships, the job role and change are impacting an individual at any given time, and ultimately help to identify key drivers of stress for colleagues – prompting consideration amongst line managers around how they may be able to more effectively support colleagues through reasonable</p>	2	Health and WellBeing / Occupational Health/ EDI Manager
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		<p>adjustments. A stress at work policy is also currently in development.</p> <p>Staff Access to Interventions</p> <p>The EHW Service offers a range of services, each of which is signposted to through the Occupational Health and Wellbeing intranet pages and our dedicated staff health and wellbeing website, all of which serves as to advise on how to access support services and direct colleagues to targeted support in relation to their individual circumstances.</p> <p>Annually, the organisation engages with the Better Health at Work Award which requires a number of targeted campaigns based on staff needs and desires which are identified through data sources such as the staff survey and health needs analysis. In the previous year, the organisation has focused on providing support across:</p> <ul style="list-style-type: none"> • Stress and mental health: Such as training of almost 100 mental health first aiders, the expansion of the organisation's internal counselling provision, the delivery of suicide prevention as well as postvention support training and more • Social wellbeing: Including the launch of knitting and sewing groups, a singing group, dedicated 	2	Health and WellBeing / Occupational Health/
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		<p>team wellbeing sessions, the introduction of a staff welfare dog, the launch of a book club and more</p> <ul style="list-style-type: none"> • Financial wellbeing: Including the provision of a priority access partnership with Citizens Advice Gateshead, the provision of free sanitary products for staff, the launch of a staff financial wellbeing guide, discounted gym memberships for staff, the launch of an on-site item (food & hygiene products) bank, discounted rates for staff at local restaurants, bars and activity providers, the leg-up project which provides colleagues in financial hardship with access to free hot meals at work and the provision of free salon treatments in the workplace • Environmental wellbeing: Including improvements to the out-of-hours catering offer for staff, the provision of a dedicated health and wellbeing facility on-site, the installation of card-enabled vending machines, the introduction of a budget meal option, free food provisions for staff during strikes and more • Musculoskeletal health: Including the launch of a physiotherapy service within Occupational Health as well as back classes to help support with and tackle the main reason for referral to it, the launch of a walking club, the launch of on-site pilates classes, a step count challenge and more 		
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		<p>The NHS leadership academy's accessible to staff through the dedicated Health and Wellbeing website. The bitesize learning helps staff to develop new skills and discover new ways to improve their experience of work with short guides developed by experts. Amongst the opportunities signposted to previously have been regional sessions on supporting mental health, mindfulness sessions, winter pressure support sessions, as well as national programmes such as the Mary Seacole and Rosalind Franklin leadership programmes.</p> <p>Gateshead Health is responsible for leading the regional offer to assist NHS colleagues in quitting smoking. This is achieved through a support provision which includes free access to nicotine replacement therapy products such as patches and refillable E-Cigarettes, a targeted 12 week support offer and free premium access to the Smokefree app for 24/7 support.</p> <p>Information is shared through a number of means at Gateshead, including but not limited to via the organisation's dedicated staff wellbeing website and intranet area, through a dedicated health and wellbeing newsletter as well as all-staff and targeted staff group newsletters and mailing lists, our network of health and wellbeing ambassadors,</p>		
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		<p>dedicated health and wellbeing noticeboards, screensavers, social channels such as our staff Facebook group and more.</p> <p>People upskilled to support and improve their own healthy lifestyle and that of others</p> <p><i>Wellbeing and leading healthy lifestyles:</i></p> <p>The NHS People Plan 2020-21 set out an ambition that from September 2020, every member of the NHS should have a health and wellbeing conversation and a personalised plan developed. These conversations may fit within an appraisal, job plan or one-to-one line management discussion and should be reviewed at least annually. As part of this health and wellbeing conversation, line managers are expected to discuss the individual's health and wellbeing and any flexible working requirements, as well as equality, diversity and inclusion. Health and wellbeing conversations are intended to be regular, supportive, coaching-style one to one conversations that focus on the wellbeing of our colleagues. By embedding wellbeing conversations across the system, this will help to create a culture where people feel heard, valued and in which diversity respected. This should, in turn, encourage us all to pass care and compassion on to each other, our patients and families.</p>	2	Health and WellBeing / Occupational Health/
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		<p>Wellbeing conversations should consider the ‘whole’ wellbeing of an individual and identify areas where they may need support, signpost them to appropriate support and regularly monitor their wellbeing over time.</p> <p>Demonstrating how this may look in practice , a colleague may express their interest in reducing alcohol intake – at which point a line manager may look to signpost them to our alcohol support offer, through which a colleague can access 6 free and confidential 1-to-1 coaching sessions with a qualified alcohol treatment specialist at DrinkCoach.</p> <p>To help further embed regular health and wellbeing conversations for staff, the organisation has introduced various checkpoints to prompt managers to ensure these are taking place at least annually – such as a checkbox in annual appraisal documentation, measurement in annual staff surveying and a focus on these conversations in the organisation’s line manager training programme. Furthermore, national training sessions are signposted to, ensuring line managers are comfortable having these conversations and boosting their effectiveness.</p>		
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		<p>The organisations network of health and wellbeing ambassadors are regularly offered development opportunities. In addition to being asked to attend an internal health and wellbeing session before commencing in the role, ambassadors can also express their interest in training in mental health first aid and are distributed invitations to monthly development sessions from NHS England – helping them to develop their skills in more targeted areas. Furthermore, the network of ambassadors meets monthly and maintains contact as a network through a WhatsApp group, which act as another means of spreading information and opportunities.</p> <p><i>Psychological Wellbeing</i></p> <p>The organisation has recently expanded its internal counselling capacity to look to better meet demand on its services. In an attempt to build an organisational culture which embeds mental health awareness and support, a network of Mental Health First Aiders is being built and helps to provide peer support, while Schwartz Rounds are being embedded to build a sense of connection over shared experiences amongst colleagues. Targeted work has been done to better equip line managers within the organisation on how to handle some of the more challenging experiences they may have as a manager – inclusive of the publication of guidance on how to support staff in mental health</p>	1	Health and WellBeing / Occupational Health/
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		<p>crisis and how to respond to a traumatic incident. Suicide prevention training for all is signposted to through Zero Suicide Alliance, while targeted support around issues such as addiction, debt, bereavement, eating disorders, long-term conditions and more is also available.</p> <p>Further to the organisation's internal psychological wellbeing support offer, the organisation also works with partners to ensure that colleagues can be seen in a timely manner or that those with more complex needs may still access high-quality support. For example, colleagues may be signposted to the North East and North Cumbria ICS Staff Wellbeing Hub, who have capacity to offer psychological support in the means of talking therapies, while we have also employed TalkWorks to help on more complex cases.</p> <p><i>Training for Line Managers:</i></p> <p>A new Mental Health Champions course, targeted at line managers and designed to complement the network of Mental Health First Aiders, has recently been introduced. Additionally, the mental health in the workplace training session covers the organisation's promoting & supporting attendance policy, spotting symptoms of poor mental health, reasonable adjustments, supporting returns to work and the support routes available to colleagues experiencing poor mental health.</p>	1	Health and WellBeing / Occupational Health/
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		<p>A dedicated training session for line managers around menopause and its impact is also under development in response to feedback from colleagues in the organisation. A health and wellbeing session is included within the organisation's Managing Well programme. For the wider organisation, mental health first aider training is available while our own Health and Wellbeing Awareness Session serves to provide a broad overview of all the health and wellbeing support available to colleagues, split by our six focus areas – physical, mental, financial, environmental and social wellbeing as well as self-care.</p> <p>Wellbeing-focused development opportunities can be booked via the organisation's Learning & Development catalogue, encouraging straightforward booking and attendance. Managers across the Trust play an important part in supporting staff to maintain their health and wellbeing at work, which in turn reduces sickness absence and improves staff satisfaction and engagement.</p>		
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		<p><i>Timely access to wellbeing and related support services</i></p> <p><i>Easy to access:</i> Colleagues can access wellbeing related support services through a number of means, helping to ensure easy accessibility. As examples of this, Occupational Health support services such as counselling, nursing and medical, physiotherapy and ergonomics support can all be accessed via self-referral as well as manager referral – which by their very nature encourage managers to take a proactive interest in the wellbeing of colleagues, and ensure a response within 2 working days. Referrals are completed digitally and where this is not possible, can be made via phone.</p> <p>Furthermore, colleagues can request support from the wellbeing team itself. In addition to a dedicated wellbeing website, contact details are also present for those with further queries and colleagues can get in touch via both email or telephone.</p> <p>Colleagues can also access various networks of internal support through contact details listed on our organisational wellbeing website, inclusive of health and wellbeing ambassadors and mental health first aiders. Colleagues can book health and wellbeing training and development opportunities</p>	2	Health and WellBeing / Occupational Health/
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		<p>as well as events through ESR and the L&D catalogue, while the organisation's intranet is also host to a dedicated area for wellbeing matters.</p> <p>Communications: Regular wellbeing focused updates are published via the organisation's dedicated health and wellbeing website's latest new section. Each month, a dedicated health and wellbeing newsletter is published and distributed to staff, while health and wellbeing ambassadors are also e-mailed with an update, and the team meet with ambassadors on a monthly basis to encourage broadcast of new information and opportunities.</p> <p>A healthy presence is maintained via social media with a dedicated Twitter/X account providing updates, while regular posts are also made from the organisation's health and wellbeing brand in the organisation's staff Facebook group.</p> <p>The health and wellbeing team promote the presence of support within the Trust at various training events – inclusive of the organisation's flagship management training programme, as well as at induction sessions for all new staff.</p>	2	Health and WellBeing / Occupational Health/
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		<p>Timely Interventions:</p> <p>The Occupational Health and wellbeing Team aims to provide an initial response to referrals within 2 working days. In instances where waiting lists are in operation, the organisation will look to also signpost colleagues to alternate sources of support which may more immediately accessible in the meantime – for example, those who might not be able to access counselling services immediately may be signposted to also self-refer for support from the North East and North Cumbria Staff Wellbeing Hub’s psychological support offer. A letter will also be sent to counselling referrals advising them of a wealth of support available from third party organisations.</p> <p>In addition to processing referrals in a timely manner, the organisation also seeks to support go over and above to support staff in managing issues. As an example of this, the leading reason for referral in MSK cases in 2023 was back pain. In response to this, the physiotherapy team within Occupational Health launched regular back classes for staff, providing an additional avenue of practical support. Additionally, self-help guidance is provided to colleagues in the form of joint pain guides – and these are also available to access at any time through the organisation’s wellbeing website. e.g. When staff report a MSK absence via the absence</p>	1	Health and WellBeing / Occupational Health/
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		<p>reporting system a notification is sent to the EHW Service. The EHW Physiotherapist then contacts the staff member by telephone (between 1-3 working days of the absence being reported) to offer initial clinical advice, self-help guidance, and/or the option to fast track the employee into an in-person physiotherapy appointment, where clinically appropriate. This service enables the absent employee an easy and efficient process to have rapid access to MSK condition support at the point of reporting an MSK related absence.</p> <p>Supporting our NHS people: The national health and wellbeing programme, 'Supporting our NHS people', was set up to specifically support the wellbeing of our diverse NHS workforce. The programme is split into several key areas including –</p> <ul style="list-style-type: none"> • Having safe and effective wellbeing conversations • Handling difficult situations with compassion • Supporting colleagues affected by Long COVID • Supporting colleagues affected by the menopause • Financial wellbeing • Physical health and wellbeing • Digital weight management programme for NHS staff • Substance misuse and gambling support 		Health and WellBeing / Occupational Health/
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		<ul style="list-style-type: none"> • Supporting our veterans • Support for our diverse colleagues <p>There are also a range of national programmes that aim to support organisations and leaders to look after the health and wellbeing of their colleagues –</p> <ul style="list-style-type: none"> • NHS health and wellbeing framework • Wellbeing Guardians • Health and Wellbeing Champions • Wellbeing conversations • Civility and Respect • Violence prevention and safety <p>Colleagues can access remote wellbeing sessions led by the NHS which provide guidance and support around topics inclusive of menopause, burnout, supporting yourself and your team, sleep and physical activity. Organisationally, we will also partner with expert organisations to deliver similar sessions, support and resources, including Henpicked (Menopause), the NENC ICS Staff Wellbeing Hub (sleep), Able Safety (looking after yourself and others) and more.</p>		
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		NHS Employers Campaigns are themed and include the ones listed <ul style="list-style-type: none"> • Health and Wellbeing • Equality, Diversity and Inclusion • Education and Training • Armed Forces 		Health and WellBeing / Occupational Health/
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Evidence from NHS National Staff Survey result (2023) The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 20.3%, and for White staff, 23.9%. In terms of the percentage of BME staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, the Trust performed better than 93% of Trusts and worse than 7% of Trusts. In respect of the above indicator, specifically in terms of Ethnicity, the White British figure has	1	POD Leads / Head of People Services / EDI Manager

		<p>remained at 24% for the last two years, whilst the White other shows an increase from 33% to 38%</p> <p>Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months broken down by Ethnicity and Gender:</p> <p>In respect of the above, in 2022 the figures were as follows: White Women 25% and BME Woman at 23%. This figure has not changed from the 2021 figure</p> <p>White Men 19% an increase from 16% in 2021 BME Men 18% an increase from 15% in 2021</p> <p>Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months:</p> <p>The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was similar for BME staff, 19.1%, and for White staff, 18.7%.</p> <p>In terms of the percentage of BME staff who experienced harassment, bullying or abuse from other staff in the last 12 months, the Trust performed better than 95% of Trusts and worse than 5% of Trusts.</p>		
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		<p>Taking the above indicator above split in terms of Ethnicity and Gender, shows a decrease for White Women 20% to 18% and substantial decrease for BME Women 29% to 12%</p> <p>This figures are not reflected for White Men – up from 16% to 18%</p> <p>And down from 29% to 28% for BME Men</p> <p>Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues</p> <p>The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 11.4%, than for White staff, 4.7%.</p> <p>In terms of the percentage of BME staff who personally experienced discrimination from other staff in the last 12 months, the Trust performed better than 91% of Trusts and worse than 9% of Trusts.</p> <p>Percentage of staff who personally experienced discrimination from other staff in the last 12 months by ethnicity and gender</p> <p>The figure for White women has decreased from 7% to 5% and BME Women has dropped</p>		
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		<p>considerably from 19% to 8%. This is not the case for White men – up from 5% to 6% And for BME men up from 10% to 18%</p> <p>Workforce Race Equality Standard (WRES) And Workforce Disability Equality Standard action plan are in place</p>		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<p>EHW work with key National and Regional partner organisations to ensure initiatives and support mechanisms are in place that will support the needs of our diverse workforce and those with protected characteristics.</p> <p>Staff suffering from stress have a range of support to access both internally and externally, including:</p> <p>Health and Wellbeing Champions We currently have a network of 88 health and wellbeing champions.</p> <p>Accessing national offers of support Gateshead colleagues can find national offers of support via the organisation’s dedicated health and wellbeing website. Examples of offers promoted through the website include access to premium memberships of apps such as Unmind, Headspace,</p>	<p>1</p> <p>2</p>	<p>Health and WellBeing / Occupational Health/</p> <p>Health and WellBeing / Occupational Health/</p> <p>Health and WellBeing / Occupational Health/</p>

		<p>FitOn, the Digital Weight Management Programme and more.</p> <p>The organisation has also ran targeted campaigns to help tackle the stigma associated with certain conditions and issues. As an example of this, in recent years the organisation has ran the #ShareYourStory campaign, encouraging colleagues to openly share their experiences of poor mental health. Similarly, the #MyPledgeGH campaign encouraged healthier behaviours, while World Menopause Day was used to create pledges on raising the profile of menopause in the workplace and highlighting available support.</p>		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p>NHS National Staff Survey Result 2023</p> <p>Out of the total responded, 66.2% of staff would recommend the Trust as a place to work;</p> <p>Out of the total responded, 72.7% of the staff indicated that they would be happy with the standard of care provided if a friend or relative needed treatment; national average is 86.4%</p>	1	POD Leads / Head of People Services / EDI Manager
Domain 2: Workforce health and well-being overall rating			26	

For this domain the score is 26 – equates to achieving

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>Patients:</p> <p>In response to NHS standard contract Schedule 2N to prevent health inequalities, A Trust Wide Health Inequalities Group has been formed. Specific actions are being planned aimed at reducing inequalities in access to, experience of and outcomes from care and treatment. These include:</p> <ul style="list-style-type: none"> • Better use of data to identify levels of variance in service access, outcomes • Identify key clinical area to priorities to reduce health inequalities • Actions to prioritise vulnerable individual groups, families and communities 	1	Executive Management Team/ Company Secretary
		<p>Workforce:</p> <p>WRES and WDES actions are being led by the Executive Director of People and OD The Board ensures that EDI and health inequalities form part of its annual Board development programme. An EDI session around the Trusts EDI Strategy was undertaken as well as the EDI implications presented by the</p>	1	POD Leads / Head of People Services / EDI Manager

		<p>Network Leads. In addition, the Director of Public Health for Gateshead is invited to present her annual report to the Board each year.</p> <p>A reciprocal mentoring programme was launched and Board Members participated. This programme is being refreshed to be launched in the 2024</p> <p>A Health Inequalities Board is in place which is chaired by the Medical Director and includes the Director of Public Health for Gateshead as a member. This demonstrates the Board's commitment to addressing health inequalities. There are quarterly assurance reports on health inequalities presented to the Quality Governance Committee. In addition one of the corporate objectives for 2022/23 was focussed on addressing health inequalities, which again demonstrates senior leadership commitment.</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>Cover sheets for all Board and committee papers prompt authors to confirm whether equality impact assessments have been completed.</p> <p>A governance structure is in place to ensure appropriate coverage of both EDI and health inequalities. The HREDI programme Board</p>	1	Company Secretary

		<p>reports into the People and OD Committee. The Health Inequalities Board reports into the Quality Governance Committee via quarterly reports.</p> <p>All policies are required to have a completed Equality and Quality Impact Assessment (EQIA) in place. This is presented to the Policy Review Group as part of the policy approval process</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>The Trust established a Health Inequalities Group to bring together the various programmes of work the Trust is developing focused on or related to health inequalities.</p> <p>The Board of Directors actively monitor the progress made in respect of the WRES and the WDES. This includes monitoring the HREDI action plans.</p> <p>Gender Pay Gap The People and OD Committee receive the Gender Pay gap report on behalf of the Board and seek assurance over any identified actions.</p> <p>As outlined above dedicated groups within the governance structure undertake the more frequent monitoring on behalf of the Board and its committees.</p>	<p>2</p> <p>2</p>	<p>Executive Management Team / Deputy Director Corporate Services and Transformation Equality Diversity and Inclusion Manager</p> <p>Executive Director People and OD</p>

		<p>The Health Inequalities Group agreed on how it would structure the Trust's approach to Health Inequalities</p> <p>Human Rights Equality and Diversity Programme Board</p> <p>The Trust has a HREDI Programme Board chaired by the Executive Director of People and OD. This group includes the Chairs of the Networks, Staff Side Rep, Communications Manager, Clinical representation, PALS and additional colleagues are invited as required. The aim of the HREDI Board is to:</p> <ul style="list-style-type: none"> • Support staff and broader diversity Issues • Ensure that the local implementation of national workforce directives meets the needs of diverse staff groups. <p>The HREDIG programme board has a strategic role to promote the culture and positive conditions for equality, diversity and human rights to flourish within the Trust.</p> <p>The Committee provide assurance to the Group Quality and Safety Committee and through that Committee to the Board of Directors.</p>	2	Executive Director People and OD
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		<p>The High level EDI action plan and our WRES /WDES metrics are around addressing patient outcomes, access and experience of both our patients and staff and workforce matters. The specific duties are:</p> <ul style="list-style-type: none"> • Continuous improvement of standards of quality and safety for the diversity of the Trust's patients and staff. • Shape the strategic direction and priorities for equality and diversity and drive change through application of the Trust's ED&I Strategy. • Take account in driving strategic change of specific equality and diversity statutory and contractual duties 		
Domain 3: Inclusive leadership overall rating			9	

Total Score equates to 9 – Developing

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): X	Independent Evaluator(s)/Peer Reviewer(s): Abdul Khan - Group Equality and Diversity Lead Manchester University NHSFT

EDS Organisation Rating - Achieving

However we need to be mindful of the following:

Palliative Care services - individual scoring is Excelling

Patient, Public and Carer – individual scoring equates to Developing

Health and Well Being Offer – Individual Scoring equates to Developing

Involvement and Experience Group (PPCIE) – Individual Scoring equates to Developing

There is also a cross reference to the Health Inequalities programme of work – This programme of work is still developing

Taking into account all of the score – whilst we have a high number which indicate Excelling, external verification would put the Trust as Achieving. Further work will be undertaken to move the score from developing to achieving for future submissions.

Organisation name(s):

Gateshead Health NHS Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan				
EDS Lead			Year(s) active	
Kuldip Sohanpal			2022/2023	
EDS Sponsor			Authorisation date	
Amanda Venner, Executive Director for People and OD			29 st Feb. 2024	
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve patient access in line with CORE20PLUS5 priorities	<p>Identify key priority areas for the CORE20 and, in consultation with patient groups, put in place initiatives to improve access, to include improving organisation's approach to health literacy and communication and the workforces' understanding of health inequalities.</p> <p>Care pathways, including pathways for the 5 clinical conditions under CORE20PLUS5, to be reviewed, in consultation with patients, to assess and enable equitable access, experience, and outcomes</p>	March 2024

	1B: Individual patients (service users) health needs are met	Ensure people from Protected groups and Inclusion Health groups are treated in line with their needs	<p>Strengthening resident voice through engagement around the health inequalities programme, specific pathways and access to them and wider culture of engagement within the Trust.</p> <p>Reducing barriers to access, health literacy and communication workforce understanding of HI's as per above.</p>	March 2024 and ongoing
	1C: When patients (service users) use the service, they are free from harm	Learn from patient safety incidents and put in place interventions to reduce likelihood of harm for those more like to experience it.	Continue to develop understanding of, and learn from, demographics trends underpinning patient safety and incident data at the Trust .	Every 3 quarters - report to HREDI Programme Board
	1D: Patients (service users) report positive experiences of the service	Seek to improve demographic coding relating to patient experience data.	Work with patient experience team to improve how we code demographic data for Friends and Family Test (FFT) to ensure better understanding of differential patient experience by population and protected groups.	Every 3 quarters - report to HREDI Programme Board

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> • Improving personal health and wellbeing – the proactive interventions and services that empower our people to manage their own health and wellbeing • Relationships - the ways our teams work together with civility, respect and care • Fulfilment at work – how our work at the NHS inspires our diverse people and how we support their growth and passion • Managers and leaders - how our leaders define, implement and embody a positive health and wellbeing culture and how they provide health and wellbeing support as part of their role • Environment - physical workspaces and the facilities available to our people to rest, recover and succeed • Data insights - our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them <p>Professional wellbeing support - the teams and services, like occupational health, who are</p>	<ul style="list-style-type: none"> • Physical health - physical health focus on musculoskeletal health which is an important component of maintaining a person's functional abilities, both in and out of work. • Healthy lifestyle - not all diseases are preventable but a large proportion of deaths, particularly those from coronary heart disease and lung cancer, can be avoided. Health is not only about avoiding disease – diet, exercise, hydration and sleep are essential. 	Over the period of the Plan - 2024

		available to support organisations and our NHS people's health and wellbeing		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	NHS Staff Survey findings objectives	Action are being produced and will be available as a part NHS staff survey action plan	WRES /WDES action plans for 2023/24
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Employee Health and Wellbeing Objectives	Employee Health and Wellbeing action plan	TBA
	2D: Staff recommend the organisation as a place to work and receive treatment	FFT objectives		TBA

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Establish mechanism for the Board to assess progress with the work to tackle health inequalities within the Trust providing the opportunity to offer constructive challenge	Review with executive lead and for a series of in person and reporting updates to the board over the year.	Every 3 quarters - report via appropriate committees and SMT
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board papers / agenda to have EDI as a standard item Effective implementation of the Schedule 2N of the NHS standard Contract	Review and strengthen with Executive lead, to ensure HI and Inequalities in general are embedded into the agenda Cross reference Health Inequality identified Actions and embed into the agenda.	Every 3 quarters - report via appropriate committees and SMT
	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	Reported to board relating the work taking place to tackle health inequalities at the Trust.	Utilise the Trust's Health Inequalities dashboard metrics and assess progress.	Every 3 quarters - report via appropriate committees and SMT

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