Gateshead Health
NHS Foundation Trust

Report Cover Sheet Agenda Item: 2d

Report Title:	**Review of Effectiveness and Terms of Reference for the Group Audit Committee**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29 September 2026			
Author:	Jennifer Boyle, Company Secretary			
Executive Sponsor:	Kris Mackenzie, Director of Finance Rob Hughes, Committee Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☒	**Assurance:** ☐	**Information:** ☐
	To provide assurance over the effectiveness of the Group Audit Committee			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Group Audit Committee – September 2026			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• 9 responses to the survey were received. The majority of responses to the questions were either 'agree' or 'strongly agree'. • A review of the terms of reference indicates good compliance with the core remit of the Committee. • A small number of changes were proposed to the terms of reference and approved by the Committee.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	It is recommended that the Board is assured by the outcome of the effectiveness review, noting the high level of compliance with the terms of reference.			

Trust Strategic Aims that the report relates to:	☒	Excellent patient care			
	☒	Great place to work			
	☒	Working together for healthier communities			
	☒	Fit for the future			
Trust strategic objectives that the report relates to (2025 to 2030 strategy):	The Audit Committee has responsibility for seeking overall assurance on the controls and processes in place for the achievement of all strategic objectives.				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks reference)	The Audit Committee has responsibility for seeking overall assurance on the controls and processes in place risk management generally, so there is linkage to all risks in this respect.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Group Audit Committee – Review of Effectiveness

1. Executive summary

1.1. This paper presents the outcome of the Group Audit Committee effectiveness review and annual compliance assessment against the Committee's terms of reference.

1.2. The review indicates that the Committee continues to operate effectively, with survey responses largely positive and demonstrating confidence in the Committee's purpose, governance arrangements, skills, assurance oversight and culture of constructive challenge.

1.3. The assessment also confirms good compliance with the Committee's core remit during 2025/26, with no material omissions identified.

1.4. The key area for development relates to strengthening action tracking and providing clearer evidence of the impact of Committee scrutiny, which aligns with existing Committee discussions and the proposed revised process for monitoring implementation of internal audit recommendations.

1.5. Members are asked to note the positive findings, take assurance from the effectiveness and compliance review, and approve the updated terms of reference, including the minor amendments set out in the report.

2. Introduction

2.1. It is good practice for formal committees and groups to review their effectiveness on a regular basis. This is also incorporated into the terms of reference. To support the assessment of Group Audit Committee effectiveness a short survey was circulated to all members and attendees.

3. Survey

3.1.1. The survey was completed by 9 individuals and results are largely positive. The full survey is included at Appendix 1. The majority of responses to the questions were either 'agree' or 'strongly agree'.

3.2. In terms of Committee purpose, scope and information requests the feedback was very positive, with respondents having a clear understanding of the Committee's role and remit. Respondents appear confident that the Committee has a well-defined purpose, clear governance arrangements and an effective meeting cycle. One respondent did disagree that equal prominence is given to quality and financial assurance (consistent with last year), although the rest of the respondents agreed with this statement.

3.3. The survey evidences that the Committee is viewed as knowledgeable and well equipped to provide assurance, with respondents feeling that the Committee has the appropriate mix of skills and experience and a good understanding of assurance arrangements.

3.4. The survey also evidences that the Committee is perceived as having a positive and mature culture, encouraging debate, challenge and active participation.

3.5. In terms of Committee outcomes and impact most respondents believe the Committee has had a positive impact on the organisation (although this statement also attracted a higher proportion of neutral responses).

3.6. The statement that received the lowest ratings in the survey relates to action tracking and improvement, with respondents seeking greater assurance that agreed actions are delivered within planned timescales. This is consistent with recent discussions at the Committee, which have led to the proposed revised process for tracking and implementing actions from internal audit reviews which features on the meeting agenda.

3.7. The self-assessment indicates that the Committee continues to operate effectively, with respondents reporting high levels of confidence in its governance, assurance oversight, culture of challenge and contribution to organisational objectives. Opportunities for further development relate primarily to strengthening action follow-up with potential scope for more clear evidence of the impact of Committee scrutiny.

4. Attendance

4.1. There are 4 members of the Group Audit Committee (although one position has been vacant since January 2026) and 5 regular Trust / QEF attendees, who are joined by representatives from Internal Audit, External Audit and Counter-Fraud. The terms of reference state that members and attendees are expected to achieve 75% attendance annually.

4.2. A review of attendance on a rolling 12-month basis (i.e. from September 2025) demonstrates that of the members / regular attendees the majority achieved attendance of 75% There were 4 members / attendees who did not achieve 75%, although 2 of these individuals have now left the Trust. For the remaining 2 apologies were given in advance of the meetings.

4.3. It is noted that there is one vacancy on the Committee following the recent committee refresh exercise. This will be revisited once the new Finance Non-Executive Director has been appointed.

5. Terms of reference

5.1. The terms of reference were last reviewed by the Committee in September 2025.

5.2. A summarised version of the roles and responsibilities of the Committee (as outlined the in the terms of reference), alongside a reference as to how they have been discharged for the 2025/26 financial year is shown in the table below:

Category	Subject	When / how has this been satisfied
Internal control and risk management	Assurance over an effective system of financial risk management	Via Executive Risk Management Group reports (every meeting), BAF controls report (December 2025 and June 26) and internal and external audit reports (such as the audit completion report and finance-related internal audit reports).
	Assurance over risk management controls, processes and structures	

Category	Subject	When / how has this been satisfied
	Adequacy of counter-fraud policies and procedures	Counter-fraud progress reports (each meeting). This year the Committee has received assurance reporting regarding the new Failure to Prevent Fraud legislation and the actions the Trust is taking to assess and enhance compliance around this.
	Adequacy of raising concerns processes	Freedom to Speak Up report presented in December 2025 and June 2026.
	Corporate objective achievement – process adequacy	Process reported as part of the BAF paper in December 2025 and June 2026.
	Adequacy of policies and procedures relating to compliance with regulatory, legal and conduct requirements	Conflicts of interest policy compliance paper presented in June 26. Internal audit reviews also support compliance assessment.
Financial reporting	Review of the annual report and accounts including annual governance statement	Completed in June 26 for the 2025/26 year end.
	Systems and processes for financial reporting, including reference cost exercise	The reference cost assurance report is due to be presented in September 2026. Internal and external audit reports also provide assurance here.
	QE Facilities year-end accounts	Presented at the meeting in December 2025.
	Charitable funds accounts	Presented at the December 2025 meeting.
Internal audit	Review and approve internal audit plan	Plan for 2026/27 presented and approved in March 2026.
	Review effectiveness and provision of internal audit	On agenda for this meeting following completion of 2025/26 and issuing of Head of Internal Audit Opinion.
	Review findings and implementation of recommendation	Reports featured on every agenda. Where concerns have been raised (for example in relation to the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and World Health Organisation Checklist follow-up audits) there is evidence of the Audit Committee requiring additional assurance reporting. A revised process for strengthening assurance around the implementation of audit recommendations is due to be presented at the September 2026 meeting.
External audit	Agree the criteria for appointing,	Report on progress to be presented to the Committee in September 2026.

Category	Subject	When / how has this been satisfied
	reappointing and removing the external auditor	The Group Audit Committee Chair has been engaged in the procurement.
	Review the effectiveness of the external auditor and their independence and objectivity	On agenda for this meeting following completion of 2025/26 audit.
	Review the work of the external auditor, including the nature and scope of the audits and their outcomes	External audit update reports and formal year-end reports have been presented. A report to track the progress made in implementing external audit recommendations has featured on every agenda.
	Develop and implement a policy on the supply of non-audit services	Compliance with this policy was considered at the March 26 meeting.
Counter-fraud	Review of the counter-fraud plan	Plan was presented in June 26.
	Consideration of counter-fraud findings	Update reports presented throughout the year
	Annual review of effectiveness	On agenda for this meeting as part of the internal audit / counter fraud effectiveness paper.
Regulatory and governance	Review of the Standing Orders, SFIs and Scheme of Delegation	The Committee reviewed the Standing Orders, SFIs and Scheme of Delegation at its meeting in March 26. A standing agenda item has been in place to report any instances of non-compliance – none reported during the year.
	Review the findings of other assurance functions (both internal and external) where findings are not reported to another Board committees	There have been no identified examples which are not captured by the work of the other Board committees
	Review and approve the losses and special payments schedule	This has featured as a standing item on each agenda.
	Seek assurance that other Board committees are operating effectively	Under the terms of reference the Committee should seek this assurance through: • Understanding the BAF process – which has presented twice during the financial year; • Review of clinical audit programme controls and processes – clinical audit report presented in September 25 and March 26. • Access to the reviews of effectiveness for the Board

Category	Subject	When / how has this been satisfied
		committees – Board effectiveness reviews completed for all committees in respect of 2025/26 and shared as part of Part 1 Board papers. They are therefore accessible to all Audit Committee members.
	Review of the BAF bi-annually	This was presented twice during the year, as previously outlined.
	Review of the controls and processes for the development and delivery of the clinical audit programme	Reports were presented in September 25 and March 26.
	Annual review of the litigation register	The annual litigation register is due to be presented to the September 2026 meeting, with the outline template and format being presented to the Committee in March 26 for agreement in principle.

5.3. In summary this assessment highlights that there has been good compliance with the requirements of the terms of reference for the 2025/26 year with no omissions noted.

6. Terms of Reference

6.1. The terms of reference were fully reviewed and significantly revised in line with the latest HFMA Audit Committee Handbook in September 2024. No material changes were proposed at the last review in September 2025.

6.2. The review of effectiveness and compliance reviews have not highlighted any required changes.

6.3. There are several proposed minor changes to the terms of reference:

- Since the departure of the previous Assistant Director of Finance, the Deputy Director of Finance now routinely attends the Group Audit Committee. It is proposed to update the terms of reference accordingly;
- Additionally, the Trust and QE Facilities are moving to the use of the word ‘joint’ rather than ‘group’ to denote meetings or arrangements which involve both organisations – it is therefore proposed to amend the title of the committee from Group Audit Committee to Joint Audit Committee; and
- There is a proposed change in wording to reflect that there is no longer a QE Facilities Non-Executive Member as a member of the Audit Committee – this was articulated in the Board reporting section.

7. Recommendations

7.1. It is recommended that Group Audit Committee members are assured by the outcome of the effectiveness review, noting the positive responses to the survey and the high level of compliance with the terms of reference. The survey does not highlight any major issues which have not already been identified - there is a

plan to improve the focus on action completion following each meeting, with a particular focus on internal audit actions.

7.2. Members are requested to review and approve the revised terms of reference including the changes outlined in Section 5.

8. Post meeting summary

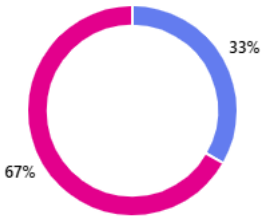
8.1. The Committee concurred with the recommendations contained within the paper and approved the updated terms of reference for ratification at Board.

APPENDIX 1

Committee Focus

1. The Committee has made a conscious decision about the information it would like to receive

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0

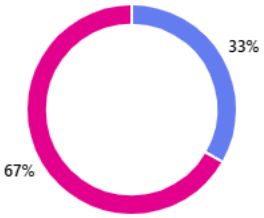


2. The scope of the Committee is clear and well defined within its terms of reference

Strongly agree	4
Agree	5
Disagree	0
Strongly disagree	0
Neutral	0

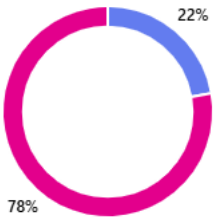
3. The frequency of the meetings enables business to be conducted effectively

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0



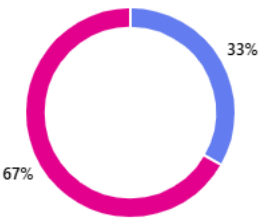
4. Committee members regularly contribute to the issues discussed

Strongly agree	2
Agree	7
Disagree	0
Strongly disagree	0
Neutral	0



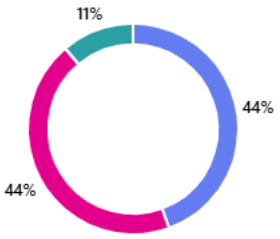
5. The Committee is aware of the key sources of assurance and who provides them

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0



6. Equal prominence is given to both quality and financial assurance

Strongly agree	4
Agree	4
Disagree	1
Strongly disagree	0
Neutral	0

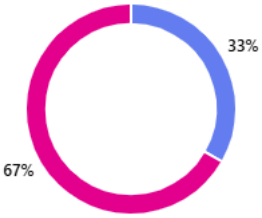


ID ↑	Name	Responses
1	anonymous	The committee seems more focused on financial issues as opposed to quality issues
2	anonymous	Meetings have improved under new chair with more focussed discussions and overall shorter meeting length.

Committee Team Working

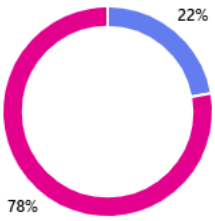
8. The Committee has the right balance of experience, knowledge and skills to fulfil its role

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0



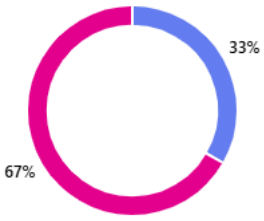
9. The Committee ensures that the relevant Executive Director attends meetings to enable it to understand the reports a nd information it receives

Strongly agree	2
Agree	7
Disagree	0
Strongly disagree	0
Neutral	0



10. The Committee environment enables people to express their views, doubts and opinions.

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0

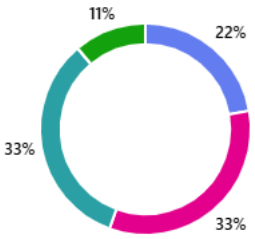


11. Committee members understand the messages being given by external audit, internal audit and counter fraud specia lists

Strongly agree	5
Agree	4
Disagree	0
Strongly disagree	0
Neutral	0

12. Decisions and actions are implemented in line with the timescales set down

Strongly agree	2
Agree	3
Disagree	3
Strongly disagree	0
Neutral	1

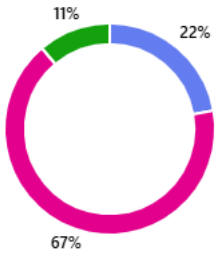


ID ↑	Name	Responses
1	anonymous	There are some actions that are deferred more than once which is disappointing to see

Committee Impact

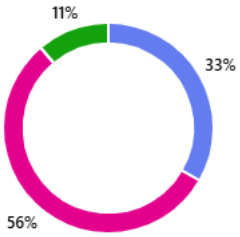
14. The quality of papers received allows Committee members to perform their roles effectively

Strongly agree	2
Agree	6
Disagree	0
Strongly disagree	0
Neutral	1



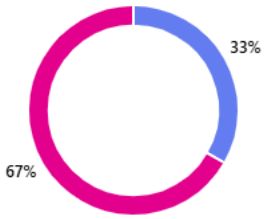
15. Members provide real and genuine challenge – they do not just seek clarification and / or reassurance.

Strongly agree	3
Agree	5
Disagree	0
Strongly disagree	0
Neutral	1



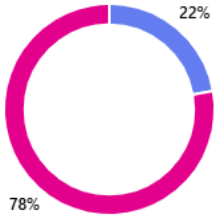
16. Debate is allowed to flow and conclusions reached without being cut short or stifled

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0



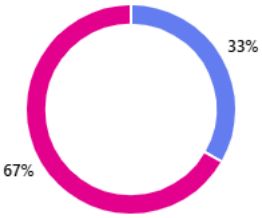
17. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion, who is doing what, w hen and how, and how it is being monitored.

Strongly agree	2
Agree	7
Disagree	0
Strongly disagree	0
Neutral	0



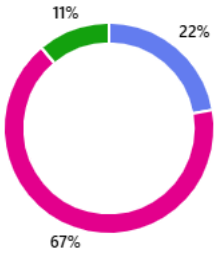
18. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made, what worked well, n ot so well etc.

Strongly agree	3
Agree	6
Disagree	0
Strongly disagree	0
Neutral	0



19. The Committee has a positive impact on the Trust and QEF

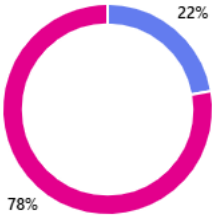
Strongly agree	2
Agree	6
Disagree	0
Strongly disagree	0
Neutral	1



Committee Engagement

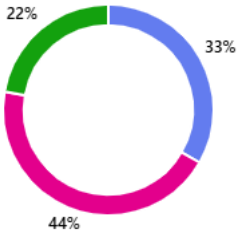
21. The Committee challenges management and other assurance providers to gain a clear understanding of their finding s.

Strongly agree	2
Agree	7
Disagree	0
Strongly disagree	0
Neutral	0



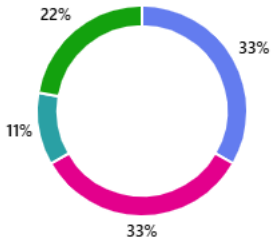
22. The Committee is clear about its role in relation to other committees that play a role in relation to clinical governanc e, quality, speaking up and risk management.

Strongly agree	3
Agree	4
Disagree	0
Strongly disagree	0
Neutral	2



23. Committee members and regular attendees can provide at least two examples of where the Committee has focussed on improvements to the system of internal control as a result of assurance gaps identified.

Strongly agree	3
Agree	3
Disagree	1
Strongly disagree	0
Neutral	2



Gateshead Health
NHS Foundation Trust

Equality Impact Assessment/ Analysis

An Equality Impact Assessment is a process of systematically analysing a new or revised policy/function/service/activity to identify what impact or likely impact it will have on different groups of people. The primary concern is to identify any discriminatory or negative consequences for a particular group and the action necessary to overcome any disadvantage. It is also important to understand any positive impact which can help in decision making.

This template has been developed to use as a framework when carrying out an Equality Impact Assessment. It is intended that this is used as a working document throughout the process, with a final version being published on Gateshead Health NHS Foundation Trust website.

1. Policy/Function/ Service/Activity (new or revised)		
Directorate: Chief Operating Officer	**Department/Service:** Division of Medicine and Community	**Lead:** Joanna Clark
Details of people involved in the policy/function/service/activity development or review : Internal winter oversight group		**Start date**: 7 November 2026
Name of policy/function/service/activity:	Winter planning 2026 – 27	
Scope of the policy/function/service/activity:	The Gateshead Health winter planning approach for 2026/27 aims to ensure that patients and carers continue to have timely and equitable access to appropriate care and treatment throughout the winter period. The plan considers the potential impact of increased seasonal demand, infectious diseases, severe weather, capacity pressures and disruption to community and support services.	
Purpose of policy/function/service/activity: (intended outcome)	The purpose of the Internal Winter Tactical Plan 2026/27 is to provide a framework for the implementation of operational principles and processes during winter and to ensure that periods of increased demand, surge or extremis activity are managed safely and effectively. The plan aims to maintain safe, timely and equitable access to services while identifying and mitigating barriers that may disproportionately affect particular groups.	
Who will be affected: *eg staff, patients, service users , community etc.*	The plan may affect: • Patients and service users • Carers and families • Staff • People accessing community services	

	• People who may experience additional barriers to accessing health and care services during periods of winter pressure

2. Analysing the equality information	
What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national or local research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc.* ***If there are gaps in the evidence, state what you will do to close them in the Action Plan on the last page of this template.***	The tactical winter plan has been informed with evidence from: The winter tactical plan has been informed by the following sources: • Learning identified through the 2025/26 winter debrief. • Internal staff Winter Oversight Group meetings held on 26 July and 5 August 2026. • System partner planning workshop held on 29 July 2026. • External Gateshead Winter System Resilience Group activity, including the meeting on 11 September 2026. • Learning from national, regional and local winter-plan stress testing. • UK Health Security Agency and public health data and intelligence. • Horizon scanning relating to seasonal viruses, severe weather, changes in Government policy and demographic changes. • Consideration of groups who may experience health inequalities or additional barriers, including people experiencing homelessness, people affected by drug or alcohol dependency, people experiencing poverty, older people and people affected by geographical barriers to access. The available information identifies a number of groups who may experience increased risk during periods of winter pressure. However, the evidence available for this EqIA does not include a complete breakdown of previous-year service utilisation, vaccination uptake or winter outcomes by all protected characteristics. Where specific equality data are not currently available, this is recognised as an evidence gap and will be considered through the monitoring and action-planning arrangements described below. **Workforce considerations** Winter planning may result in increased workforce pressures, changes to working arrangements and movement of staff between services. These pressures have the potential to affect staff differently depending on disability, caring responsibilities, pregnancy and maternity, age, religion or belief and other individual circumstances. Managers should therefore consider reasonable adjustments, individual circumstances and staff wellbeing when implementing winter operational arrangements. Relevant workforce equality information, including information available through the Workforce Race Equality Standard (WRES) and Workforce

	Disability Equality Standard (WDES), should be considered where it is relevant to specific winter workforce decisions.
Specifically what evidence have you considered (WRES/WDES/ National reports) in respect of the policy / function / service activity which shows that there is a likelihood (either positively or negatively) that the impact on the following groups may be different? NHS Workforce Race Equality Standard | NHS Employers Embedding the Workforce Disability Equality Standard | NHS Employers	
Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*	Winter pressures can disproportionately affect older people and children/young people, particularly where there are underlying health conditions or additional support needs. For older people, prolonged hospital stays can contribute to deconditioning, loss of independence, falls, delirium and increased care needs. Existing measures to mitigate these risks include: • Long-term health checks for eligible residents and care home populations. • Admission avoidance and community-based care where clinically appropriate. • Use of the Frailty Virtual Ward. • Rapid Response services. • Frailty Medical Services. • Monitoring of prolonged waits in Emergency Department. • Site huddles, full-capacity protocols and escalation arrangements. • Early discharge planning. • Consideration of communication needs, including access to glasses and hearing aids. • Recognition that older people may present with atypical symptoms, such as falls or acute confusion. • Measures to reduce the risk of delirium. • Monitoring and management of deconditioning. • Falls and pressure-area prevention. • Appropriate medication review, particularly where polypharmacy may increase the risk of dizziness, confusion or falls. • The Trust has a robust system of managing corridor care and the Patient Flow and EAU teams ensure patients are admitted to the correct wards. • Where patients are cared for in the ED escalation corridor or in a Temporary Escalation space, there is a process to identify the most suitable patients. Where patients require additional warmth, blankets and other comfort measures will be available. Food and dietary requirements will be considered on an individual basis, including cultural and religious requirements.

	For children and young people, services should continue to consider age-appropriate communication, safeguarding, consent and the needs of parents/carers. **Winter-specific risks** Cold homes, fuel poverty, severe weather, respiratory infections, disruption to carers and community services, and reduced access to food or medicines may disproportionately affect older and vulnerable people. Community teams and system partners have arrangements to identify and support people at risk specifically if equipment and medications are included. The Trust has links to welfare, housing, energy support and warm-space services which can be accessed.
Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*	People with physical, sensory, learning disabilities or other disabilities may experience additional barriers during periods of winter pressure. Potential impacts include: • Difficulty accessing buildings or transport during severe weather. • Disruption to care packages or personal assistance. • Loss of access to essential equipment. • Difficulties communicating with services. • Increased risk where routine support is disrupted. • Increased reliance on carers or family members. • Difficulty accessing information if it is not provided in an accessible format. Reasonable adjustments should be considered on an individual basis and discussed with the person wherever possible. Communication should be adapted to individual need and may include: • Easy Read information. • Large-print information. • Audio formats. • British Sign Language or other communication support. • Support from carers or advocates, with consent. • Alternative communication methods where required. These are available and co-ordinated by the staff on the wards with support from Matrons where required. PALS can be involved if a patients needs are not being met as can the Admiral Nurses, an IMCA and the Learning Disability Nurses. Where people rely on electricity-dependent medical or mobility equipment, community services maintain information on individuals requiring additional consideration and have contingency arrangements for power disruption.
Race *Consider and detail (including the source of any evidence) on difference ethnic groups,*	People from different ethnic groups, nationalities and communities may experience different barriers to accessing health services.

nationalities, Roma gypsies, Irish travellers, language barriers.	Potential barriers include: • Language and communication needs. • Different levels of health literacy. • Cultural differences in understanding or accessing healthcare. • Differences in uptake of vaccination or preventative services. • The impact of deprivation and wider health inequalities. The Trust ensures that winter and vaccination communications are inclusive, culturally appropriate and accessible. Where language is a barrier, appropriate interpreting and translation arrangements are used. The available evidence for this EqIA does not currently provide sufficient data to quantify differences in winter outcomes or vaccination uptake by ethnicity. However there are national trends of which we are cogniscent. In relation to end-of-life care and death, the Trust recognises and respect the cultural and religious requirements of different communities. Where a patient or family has specific cultural or religious requirements following death, these should be discussed with the family and relevant faith or community representatives where appropriate. The Trust will make reasonable efforts to accommodate these requirements within clinical, legal and operational requirements.
Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*	Patients may have religious, cultural or philosophical beliefs that affect how they access and receive healthcare Planning throughout the year ensure that individual religious and belief requirements continue to be considered by ward teams, including: • Dietary requirements. • Privacy and dignity. • Religious observance. • End-of-life and post-death requirements. • Communication with faith representatives where appropriate. Where vaccination uptake is lower in particular communities, the Trust uses appropriate, evidence-based engagement and communication approaches to improve understanding and access. There is no significant difference in treatment of people on the basis of religion or belief during winter and summer.
Sex *Consider and detail (including the source of any evidence) on men and women.* **Sexual orientation**	**Sex** There is no evidence identified within the current EqIA to suggest that the

Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people. **Gender reassignment (including transgender) Consider** *and detail (Including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.* **Marriage and Civil Partnership** **Pregnancy and maternity** *Consider and detail (including the source of any evidence) on working arrangements.* **Carers** *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*	winter tactical plan will have a different impact on people because of sex. However, services should not make assumptions based on sex and should consider individual circumstances when providing care. Where a patient requires the involvement of a partner, family member or carer, this should be considered on an individual basis, taking account of the patient's preferences, privacy, dignity and clinical needs. **Sexual Orientation** No specific adverse impact relating to sexual orientation has been identified from the evidence currently available. Services should ensure that patients are treated with dignity and respect and that assumptions are not made about relationships, partners or family structures. Where a partner or significant other is involved in a patient's care, their involvement should be considered in accordance with the patient's wishes, consent, confidentiality and relevant clinical requirements. **Gender Reassignment** No specific adverse impact relating to gender reassignment has been identified from the evidence currently available. Winter pressures should not result in people experiencing inappropriate disclosure of personal information, harassment or a failure to respect their identity. Staff should continue to use the individual's stated name and appropriate pronouns and maintain privacy and dignity when delivering care. **Marriage and Civil Partnership** No specific adverse impact relating to marriage or civil partnership has been identified. The winter plan should be implemented without assumptions about an individual's relationship or family circumstances. Partners and significant others should be involved in care where appropriate and in accordance with the patient's wishes, consent and confidentiality requirements. **Pregnancy and Maternity** Pregnant women and people who have recently given birth may have additional healthcare needs and may be affected differently by seasonal infections and winter pressures.

	Services should ensure that pregnancy and maternity are considered when assessing individual care needs. Where pregnancy affects an individual's ability to access services, work safely or participate in planned activity, appropriate adjustments should be considered. Staff should also consider pregnancy and maternity when implementing winter workforce arrangements, including working conditions, physical demands and access to appropriate support. No specific adverse impact has been identified from the evidence currently available, but this should continue to be monitored. **Carers** Winter pressures may place additional demands on unpaid carers, particularly where services, care packages or community support are disrupted. Potential impacts include: • Increased caring responsibilities. • Difficulty accessing respite or support. • Increased responsibility for medication, nutrition and personal care. • Additional travel or practical difficulties during severe weather. • Increased stress and risk of carer breakdown. Where appropriate, services should identify carers and consider their information and support needs. Discharge planning should take account of the person's existing care arrangements and the ability of carers to safely support the individual at home.
Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, health inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*	The following groups may experience increased vulnerability during winter: • People experiencing higher levels of socio-economic deprivation. • People experiencing homelessness. • People affected by drug or alcohol dependency. • People with chronic respiratory disease. • People who are immunosuppressed or immunocompromised. • People with multiple long-term conditions. • People who are socially isolated. • People who are housebound. • People experiencing food insecurity. • People who have difficulty accessing transport or community services.

	For the purpose of this EqIA, socio-economic deprivation is particularly relevant because financial pressures, poor housing, fuel poverty and difficulty accessing food or transport can increase the risk of poor health outcomes during winter. Measures include: Identification of people at risk through routine contacts. Referral to welfare, housing and energy-support services. Access to warm-space initiatives where appropriate. Community-based care and admission avoidance. Support for people who are housebound. Consideration of access to food, medicines and essential equipment. Appropriate vaccination and preventative health interventions. Early discharge planning.

Winter Risks and Health Service Responses

Winter risk	Potential equality impact	Mitigation
Cold homes and fuel poverty	Worsening respiratory, cardiac and musculoskeletal conditions; hypothermia; reduced ability to manage daily activities.	Identify people at risk and signpost/refer to welfare, housing, energy-support and warm-space services.
Power cuts or heating failure	Loss of powered medical equipment, communication or mobility devices, medicines requiring refrigeration, lighting and safe heating.	Community teams maintain information on people dependent on electricity and have contingency arrangements.
Respiratory infections, influenza and COVID-19	Increased risk of complications, hospital admission, deconditioning and disruption to usual support.	Vaccination programmes for eligible groups, including care-home and housebound populations, alongside appropriate clinical advice and support.
Snow, ice and poor weather	Falls, injury, isolation, missed appointments and difficulty accessing food, medicines and care.	Consider weather when managing missed appointments; provide appropriate community support; use suitable vehicles for essential community visits.
Disruption to carers, personal assistants or community services	Unmet personal care, nutrition, medication, repositioning or communication needs and increased safeguarding risk.	Adult Social Care and community partners maintain winter contingency arrangements.
Medicine and equipment disruption	Missed doses, unsafe substitutions, equipment failure or delayed repairs.	Review repeat prescriptions, maintain appropriate stock, provide accessible instructions and confirm urgent repair/backup arrangements.
Reduced access to food and fluids	Malnutrition, dehydration, hypoglycaemia and reduced resilience to infection.	Identify food insecurity and nutritional risk and connect people with appropriate food, dietetic and community support.
Social isolation and reduced activity	Reduced physical function, disrupted routines and deterioration in mental wellbeing.	Proactive contact and appropriate social, rehabilitation and mental-health support.
Inaccessible or unclear winter information	People may miss warnings, vaccination opportunities, service changes or information about urgent care.	Provide information in accessible formats and through the person's preferred communication method.

Hospital admission and discharge during winter pressure	Loss of reasonable adjustments, communication support, equipment or care packages; unsafe or delayed discharge.	Begin discharge planning early and confirm that appropriate heating, food, medicines, equipment and care are available.
Emergency evacuation or temporary accommodation	Inaccessible transport or accommodation; separation from medicines, equipment, assistance animals or support networks.	Multi-agency evacuation arrangements, with appropriate information about individuals' needs and available mitigations.

3. Engagement and involvement

There is legal duty on NHS organisations to involve people and their representatives in decisions about services. Provide details of feedback from people who are affected by the policy/function/service/activity, and any consultation or engagement activities undertaken:

The winter tactical plan has been informed by engagement with staff and system partners through:

- The 2025/26 winter debrief.
- Internal Winter Oversight Group meetings held on 26 July and 5 August 2026.
- System partner planning workshop held on 29 July 2026.
- External Gateshead Winter System Resilience Group activity, including 11 September 2026.

This engagement has informed the identification of winter risks, operational pressures and mitigation arrangements. Where specific equality issues emerge during implementation, these should be fed back through the relevant operational and equality governance arrangements.

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact; how you will mitigate any negative impact and include certain protected groups.

The winter tactical plan is intended to maintain safe and equitable access to health and care services during periods of increased seasonal demand.

The assessment identifies that some groups may be disproportionately affected by winter pressures, particularly older people, disabled people, people experiencing socio-economic deprivation, people with long-term conditions, people who are housebound, people reliant on carers or community services, and people who may experience communication or access barriers.

The principal risks relate to:

- Severe weather and transport disruption.
- Cold homes and fuel poverty.
- Respiratory infections.
- Disruption to community care and unpaid carers.
- Access to medicines, food and equipment.
- Hospital admission and discharge during periods of pressure.
- Communication and accessibility of winter information.

Mitigations are already incorporated within winter planning and existing community and clinical arrangements. There are, however, evidence gaps in relation to the extent to which previous winter outcomes and vaccination uptake differed across protected characteristics and socio-economic groups. These gaps should be addressed through ongoing monitoring where data are available.

A comprehensive staff tactical winter plan has been developed taking into consideration seasonal variances in infectious diseases and fluctuating surge and capacity demands to ensure the trust can respond to the challenges of the winter period.

Decision

Continue the policy/function/service/activity with mitigation and monitoring.

The available evidence does not identify a reason to stop the winter planning arrangements. However, the assessment demonstrates that some groups may experience greater barriers or risks during winter pressures.

The winter plan should therefore continue with the mitigation measures identified above and with appropriate monitoring of equality impacts.

Action Plan

Action	Purpose	Lead / responsibility	Monitoring
Review available winter activity and outcome data by relevant equality characteristics where available.	Identify differential impact.	Winter Oversight Group / relevant data leads	Review during winter and following winter debrief.
Review vaccination uptake information where ethnicity, deprivation or other relevant inequalities are identifiable.	Identify groups experiencing lower uptake and inform targeted engagement.	Relevant vaccination/public health leads	Winter vaccination monitoring.
Monitor operational pressures affecting community and hospital access.	Identify whether particular groups are experiencing disproportionate barriers.	Winter Oversight Group	Escalation through winter governance arrangements.
Ensure reasonable adjustments continue to be available during periods of pressure.	Prevent disadvantage for disabled patients and people with additional communication needs.	Clinical and operational teams	Case-level monitoring and feedback.
Consider equality implications when winter staffing arrangements change.	Reduce potential disadvantage to staff with protected characteristics or caring responsibilities.	Operational managers	Workforce monitoring and escalation.
Capture equality-related learning through the 2026/27 winter debrief.	Strengthen the evidence base for future winter planning.	Winter Oversight Group	End-of-winter review.

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4. Impact and Monitoring Review	✓
No major change: *The analysis demonstrates that the Winter Plan is robust, the evidence shows no potential for discrimination, and that all appropriate opportunities to advance equality and foster good relations between groups have been taken.*	✓

Adjust the policy/function/service/activity – *This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.* ***Please attach an action plan to this equality analysis. If this not yet been produced, please indicate how any actions are going to be mitigated.***	
Continue the policy/function/service/activity – *This means adopting the proposals, despite any adverse effect or missed opportunities to advance equality, provided the decision-maker is satisfied that it does not unlawfully discriminate. In cases where you believe discrimination is not unlawful because it is objectively justified, it is particularly important that you record what the objective justification is for continuing the policy, and how you reached this decision**.***	
Stop and remove the policy/function/service/activity – *If there are adverse effects that are not justified and cannot be mitigated, the decision-maker should consider stopping the policy altogether. If the analysis shows unlawful discrimination it must be removed or changed.*	

How will you monitor the impact of the policy/function/service/activity?

The Internal Winter Oversight Group will monitor the implementation and impact of winter planning, with escalation to the Operational Oversight Group where significant risks or inequalities are identified.

Monitoring should consider, where information is available:

- Access to urgent and planned care.
- Delays and missed appointments.
- Admission and discharge pressures.
- Community service disruption.
- Vaccination uptake.
- Feedback and complaints identifying potential inequality.
- Issues relating to reasonable adjustments.
- Workforce pressures and their impact on staff.
- Any emerging evidence that a particular group is experiencing disproportionate disadvantage.

Where monitoring identifies a significant adverse impact on a particular group, the relevant service should consider whether additional mitigation or adjustment is required and escalate the issue through the appropriate governance route.

Addressing the impact on equalities

Please give an outline of what broad action you, the service in question, or any other bodies are taking to address any inequalities identified through the evidence.

No specific unlawful discrimination has been identified through the evidence currently available.

However, the assessment identifies potential differential impact associated with age, disability, socio-economic deprivation, health status, access to community support, communication needs and reliance on carers.

The Trust will seek to mitigate these impacts through existing winter planning arrangements, reasonable adjustments, accessible communication, community-based care, admission avoidance, appropriate discharge planning and partnership working.

The evidence base will be strengthened through monitoring of the 2026/27 winter period and consideration of

equality-related learning in the subsequent winter debrief.

Person completing the analysis:	Joanna Clark
Date assessment / analysis completed:	8 September 2026
Date EqIA sent to EDI manager	10 September 2026
Date and name of person signing off completed EqIA	EQIA panel – attended by Carmen Howey (Medical Director), Beth Swanson (Chief Nurse) and Sean Duffy (People and OD Lead)
Approving Committee:	EQIA Panel
Date of approval:	14 September 2026