

EDS2 Evidence Summary

We have provided this summary to help people understand where the evidence for our grading against the EDS criteria came from. This information can be provided in an alternative format on request.

Goal	Outcome	Evidence
Better health outcomes	1.1 	<p>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <p><u>Strategic Plan 2014/15-2018/19</u> http://www.qegateshead.nhs.uk/fiveyearplan This is developed in the context of the local priorities and planning currently being undertaken within the Local Health Economy (LHE). It takes a 'whole-system' view of work being developed with all partners throughout the LHE and wider agencies in the third and independent sectors.</p> <p><u>Quality Accounts</u> http://www.qegateshead.nhs.uk/trustreports This identifies goals that we develop through an inclusive process using both internal and external intelligence, (e.g. analysis of complaints and incidents, service plans and benchmarking and consultation with stakeholders). The goals are agreed with our Council of Governors and our Board.</p> <p><u>Joint Strategic Needs Assessment (JSNA)</u> http://www.gateshead.gov.uk/Health-and-Social-Care/JSNA/home.aspx The JSNA helps us to understand the key issues facing people in Gateshead and is used to identify key strategic priorities to improve the health and wellbeing of our population.</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  <p><i>Providing care and support in Gateshead</i></p> </div> <div style="flex: 2;"> <p>The Trust has joined up with Gateshead Council and Gateshead Community Based Care Ltd, whose membership comprises all the GP's in Gateshead, to look at ways of providing an improved and more joined up approach to <u>community health services</u> across the borough. From 1 October 2016 this partnership will be providing NHS community services across the borough of Gateshead after being awarded the contract by the Clinical Commissioning Group (CCG). Patients tell us that they want alternatives to hospital admissions and this partnership will help us pool re-sources and expertise so they only need to tell us their story once. Our research tells us that duplication is a key frustration for patients getting care in the community and we aspire to a single assessment which will get them the right care, in the right place at the right time.</p> </div> </div>

		<p>The NHS agenda nationally is about far greater integration between all the agencies providing care to the public and this unique partnership puts us in an excellent position to offer a more co-ordinated system for patients. We believe that by bringing together all the experts from health and social care into a single point we can provide improved services for the patient and offer a simpler, more Trusted system that can only be better for the public.</p> <p>QE Gateshead became the first hospital in the region to offer <u>free WiFi internet access for patients and visitors</u> while they are on the wards or public areas of the building. This means that people will be able to connect their smartphones and tablets wirelessly and free of charge while they are cared for in hospital or visit their loved ones. This is part of the hospital’s vision to provide an excellent patient experience and shape services around the needs of the local community.</p> <p>The Trust has developed a state-of-the-art £12m <u>NHS laboratory</u> to provide clinical testing to patients across Gateshead, Sunderland and South Tyneside, bringing world class technology to hospitals and GPs across the region. The new specialist unit contains all the medical testing needed to run a modern hospital and deliver fast, accurate results for patients. One of the main advantages of the new centre is that it is fully automated, minimising human interaction with samples, which means there is less chance of contamination. These services are a vital part of all healthcare with testing in labs involved in more than 70% of all diagnoses made by the NHS. These services help meet the needs of all our patients, and include fertility testing, blood or urine analysis, tests for infection and diagnosing cancer.</p> <p>The Trust was rated as <u>‘Outstanding’ in the category ‘Are services at this Trust caring’</u> while all other categories were rated as ‘Good’ in a CQC inspection report published in February 2016. The ratings are based on a major inspection looking at a range of core services including emergency and urgent care, surgery, critical care and maternity. The regulator assesses our services against five key questions and rates each one as either outstanding, good, requires improvement or inadequate. This demonstrates a very strong performance by the hospital and compares very well against other NHS Trusts across the rest of the country.</p> <p>The ‘Outstanding’ rating was also awarded for Maternity and this confirmed that the QE provided safe and effective care and that staff continually monitored outcomes for women and took action where necessary. “This is a very proud achievement for the hospital and the whole maternity team. To get an outstanding rating is what we aspire to, but is very difficult to achieve, so it’s wonderful to be recognised for the high levels of care we provide. We’ve had some fantastic feedback from the regulator but also from mums and local families who’ve used the QE.” (Lesley Heelbeck, Head of Midwifery).</p>
1.2		<p>Individual people’s health needs are assessed and met in appropriate and effective ways</p> <p>The Trust has a dedicated section on our intranet site with all our clinical documents and information on relating to how we provide safe, effective and appropriate care to our patients. For example, <u>Care Standards</u> are developed and regularly reviewed regularly. These tools recognise the diverse elements of patient care – for example prompting staff to consider making reasonable adjustments to meet the needs of patients with disabilities. There is also a separate specific set of standards relating to patients with learning disabilities.</p>

Other examples of some of the work we have done to meet the needs of particular groups of patients include:

Our approach to End of Life Care helps people to live as well as possible and to die with dignity. We ask people about their wishes and preferences (including their faith or spiritual needs), and take these into account when planning their care. We have a Palliative Care Link Group that meets bi-monthly and is an active working group that works to improve palliative and end of life care for our patients.

<http://www/ddi/departments/end-of-life/docs/end-of-life/5%20Priorities%20Screensaver.pdf>



The NHS is seeing an increase in the number of patients who are confused or forgetful. One in 14 patients over the age of 65 currently has a diagnosis of Dementia – around 850,000 patients in the UK and that is expected to increase to 1.7 million by 2015. We have identified a major programme to train as many staff as possible on what our older patients need from us. Barbara's story is a powerful film around one woman's experience of NHS care, and so far we have delivered this training to over 89% of our staff.

We have invested more than £35,000 in a scheme of improvements on Ward 23. This ward cares for people with complex and challenging mental and physical health problems, and patients are often confused or forgetful as well as being physically very frail. We have adapted lighting, introduced new furniture, better signage and coloured crockery, cutlery and glasses which make a real difference for patients. The unit also brings together skills from across the clinical and mental health professions to provide the best possible levels of care. A dedicated Activity Facilitator has also been brought in to make sure patients are able to access activities and are positively engaged. To help prevent falls in hospital the team has also changed the colour and texture of the flooring, doors, toilet seats and hand rails. They have also introduced chairs, coffee tables and a sofa to create a social space but also to encourage patients to take frequent rests while walking around the ward: http://staffzone/communication/qeweeklydocs/view.php?document=2015_September_QE^Weekly^-^28th^September

Our investment in developing new modern facilities, designed to more effectively meet the needs of our patients includes the new £32m Emergency Care Centre which opened in 2015. This was designed in consultation with a wide range of groups, patients, and staff. This consultation process enabled people to view a mock-up of the assessment pod treatment room. This was also used as the basis for clinical scenario testing, and this provided a solid foundation on which to develop our plans, and enable us to deliver more effective care.



The 'ECC' provides patients with all of the urgent care they need under one roof. For example, we have installed a 'Changing Places' facility for people with profound and multiple disabilities. These toilets are different to standard accessible toilets (or 'disabled toilets') as they have extra features and more space to meet the needs of people who use them, such as a bed, a hoist and space for any carers.

		<p>'A&E' care at QE Gateshead has been highlighted among the very best in the country after being named as one of the top three in a major national awards scheme. The team at the Queen Elizabeth Hospital was one of the top three in the excellence in accident and emergency care award, part of the CHKS annual Top Hospitals programme awards 2015. The awards celebrate the success of healthcare providers across the UK and are awarded to healthcare organisations for their achievements in healthcare quality and improvement. The QE made the national finals following a visit by judges and an analysis of 28 key measures covering clinical outcomes and patient experience across the NHS.</p> <p>QE Gateshead is the only hospital in the region where every patient is screened with a risk assessment on admission, which includes an alcohol assessment. If the patient is found to be consuming excessive amounts of alcohol, a nurse from the liver unit will visit the patient and give advice and signposts to other sources of help. This screening service was described as "outstanding" by the Royal College of Physicians assessors, during an accreditation visit in 2015/6. The alcohol liaison nurses were singled out as an excellent team who were "passionate, committed and faithful to the care of liver patients".</p> <p>Feedback from patients and their relatives during the recent CQC inspection showed that people were very positive about the care they received and the inspection showed examples of some outstanding caring practice. In addition, patient outcome measures showed the Trust performed mostly within or better than national averages when compared against other hospitals. Death rates were within expected levels.</p> <p>Following the publication of the report in February 2016, more than 7,000 people interacted with the Trust on Facebook, Twitter and LinkedIn leaving more than 8,000 individual pieces of feedback. Most of this was to praise or give thanks to our hard working staff, and an example is shown below.</p> <div data-bbox="454 836 1823 1214" style="border: 1px solid black; padding: 10px; margin: 10px 0;">  <p>Leanne Parkin I'm absolutely over the moon for you all. This really is so well deserved. Your unit and every member of staff are indeed "outstanding". I had both of my babies there (first one is now 13 and the second is almost 1 year old) and the care a received both times was second to none! The midwives who took care of me and both of my babies will always have a special place in my heart. Well done to you all!!! xXx</p> <p>Like · Reply · Message · 1 March at 18:34</p> </div>
	1.3	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <p>See section 1.2 regarding care pathways. Other examples include:</p>



Our Ambulatory Care Team was presented with an award for 'Project Team Resilience' at the National Ambulatory Emergency Care Network conference. Ambulatory Care is a concept that offers patients access to urgent diagnostics and medical review either on the same day (or via reviews) without the need for being directly admitted into hospital. Many of the people now using ambulatory care would have previously been treated as inpatient, which often means an unnecessary overnight stay and more disruption for the patient. This facility aids the flow of patients in a safe and efficient way to avoid disrupting their day to day life unnecessarily: <http://www.gegateshead.nhs.uk/node/1400>

In our Maternity Department, we encourage women to carry hand held notes during the antenatal period and we have handover arrangements to the community midwifery team and health visitors. There are clear referral pathways for midwives to refer to Consultants or into pregnancy assessment. We are also introducing improvements to our systems and ways of working which will enable us to operate in a 'paperless' way, to enable information to be more easily accessed in the community and hospital setting.



We have also produced a series of online videos to offer advice about the days before, during and after the birth of their baby. The aim is to help new or expectant mums prepare some of the skills they'll need once their baby arrives. The videos, which can be found on YouTube and the hospital website, are packed with priceless hints and tips from experts at the hospital who help deliver more than 2,000 babies a year. We have used real people who have given birth at our maternity unit, to help bring the stories to life.

The Learning Disability Liaison Nurse is provided with weekly information to enable support to be given to patients and carers of people with learning disabilities. They work with multi-disciplinary teams to support the care of patients in hospital, and to facilitate safe discharge into the community. Once they are home, each patient is offered a face to face meeting to complete a lengthy questionnaire about their care in hospital. This feedback is used to inform practice across the hospital site.

We recognise discharge is an area that concerns some of our patients. We have a dedicated Discharge Liaison Team to provide safe, effective and timely discharge to Patients from hospital. They also provide specific support for patients with complex needs, including rapid discharge to support end of life care at home. The team work very closely with Community Based Services and other Multi-disciplinary members of the wider team. As part of improvements to discharge during the busy winter period, we have recently opened a 'hospital to home' ward.

In January 2016 we launched a series of Discharge Improvement Workshops. These are designed to improve simple and complex discharges. As well as a variety of seminars, there was a community marketplace which included stalls run by community health services from South Tyneside, Gateshead Adult Social Care, Red Cross, Happy to Help, Aquila and Carers' Trust (formerly known as Crossroads). Matron Janet Thompson, who organised the event, said: "The workshops involved some thought-provoking and innovative discussions about discharge

		<p>planning. We have 4 sessions a year planned aimed at Band 5 and newly qualified nursing staff. The aim of the workshops will be to improve the patient experience.”</p> <p>The Trust also operates a unique service providing care for people with <u>young onset dementia</u> using a specialised day hospital and community outreach support at the Woodside Unit at our Dunston Hill Day Hospital. This gives people a place to go and build new peer relationships, maintain skills and learn how to manage the symptoms of their illness. As part of our service we can support patients through diagnosis and provide much more flexible care through our outreach team which includes things like transport, community support, carers support and medication monitoring. Ultimately we aim to reduce the number of people going into residential care by supporting complex patients five days a week at the Woodside unit.</p> <p>The CQC identified a number of areas of <u>outstanding practice</u> relating to transitions:</p> <ul style="list-style-type: none"> • The combined referral pathway document that was being used by GP practices to refer into the Trust’s <u>integrated diabetes service</u>, as an area of outstanding practice. This includes advice and guidance for GPs, a specialist nursing helpline and multi-disciplinary clinical assessment. The inspection concluded there were clear protocols to identify when a patient could be managed within primary or secondary care and when care transfer was appropriate and possible. • The Rehabilitation after Critical Illness Team (RaCI) which is led by nurses, health care assistants and physiotherapists has developed new pathways to help patients recover from critical illness. The team provide rehabilitation while a patient was in the critical care unit, throughout their stay and following discharge. • Therapy staff, who are part of the frailty model and work in the emergency care centre, support elderly patients with mobility aids and discharge plans avoiding unnecessary admissions to hospital.
1.4		<p>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <p>See information in section 1.2 and 1.3 above.</p> <p>The CQC inspection findings are also relevant for this section, as the latest inspection places the QE among the best hospitals in the country and builds on our long standing national reputation for providing high quality care. In addition, the investment in our facilities, equipment and our staff help us to ensure a safe, high quality environment for patients, and visitors. Examples listed by inspectors include:</p> <ul style="list-style-type: none"> • “The Trust had combined the Adults and Children’s Safeguarding Committee which was chaired by the Director of Nursing, Quality and Midwifery, and held on a bi-monthly basis. The purpose of the Committee was to ensure that national and local policy directives were included into the trust’s safeguarding processes. The Trust had a safeguarding policy for both children and adults. The children’s safeguarding policy was updated in January 2015 and had a section specific to children who attended the emergency care centre. The adult safeguarding policy was updated in June 2015.

- The annual safeguarding work plan had recommendations from the CQC’s multiagency review of health services for Looked After Children and Safeguarding in Gateshead, serious case reviews, the Trust’s Saville enquiry and actions required from the National Institute of Clinical Excellence guidance and Intercollegiate Document 2014. The Safeguarding Committee reviewed the work plans and annual safeguarding audit programme at each meeting to ensure ongoing progress.
- There was multi-agency working and Trust representation on the Local Safeguarding Children’s and Adult’s Board and other groups. For example, the named nurse provided relevant health information to the Missing, Sexually Exploited & Trafficked persons subgroup.
- The wards had safeguarding leads who had undertaken advanced investigation training. Staff demonstrated a good level of knowledge in relation to safeguarding triggers, forms of abuse and the processes followed. Matrons identified the level of staff competence when random safeguarding checks were completed. These checks included looking at records and talking to staff.”

We developed a new SafeCare Strategy 2014/17 to deliver a programme of work that will reduce harm and avoidable mortality, improve our patients’ experience and make the care we give to our patients reliable and grounded in the foundations of evidence based care. We have set six key priorities for quality improvement for 2015/16 and these are linked to patient safety, effectiveness of care and patient experience.

Maternity is considered to be a high risk area of the NHS, and there is a rigorous set of standards that Maternity Departments can be assessed against. This assessment process helps to improve the safety of women and their babies. The Trust has achieved the highest possible level (3), in the Clinical Negligence Scheme for Trusts. We have also conducted a Child Abduction Exercise in partnership with Northumbria Police.

All members of our staff can come into contact with people who need safeguarding, and so we take the abuse of vulnerable adults and children very seriously. We have a dedicated Safeguarding Children Team and Safeguarding Nurse Advisor for Vulnerable Adults who work across four key areas: Advice and consultancy; governance arrangements; training; and audit. We also work closely with other public agencies, including education, social services, police, and other health services, to ensure that we properly safeguard vulnerable people.
<http://staffzone/safeguarding/policies.php>

We have worked with other partners to ensure that appropriate action was taken to safeguard adults across Gateshead:
<http://staffzone/safeguarding/docs/policies/Local%20Authority%20MultiAgency%20Safeguarding%20Adults%20from%20Abuse%20Policy.pdf>

A further example includes a recent Peer Review Audit relating to of Safeguarding Children, which showed that actions for the group were largely completed and led to some positive developments in Safeguarding Children in the Trust. The recent CQC inspection report commented on the multi-agency working and Trust representation on the Local Safeguarding Children’s and Adult’s Board and other sub-groups. For example, the named nurse provided relevant health information to the Missing, Sexually Exploited and Trafficked persons sub-group.

		<p>The Safecare Team have introduced improvements to how we gather feedback from staff (Open and Honest). From week commencing 1st February 2016, this is being extended to all clinical areas across the Trust and staff will be able to provide their views at a time suitable to them and in private by accessing the questionnaire on the homepage of the intranet – as pictured below. This makes the survey much more accessible than it is currently and will provide the opportunity to those who don't work Monday to Friday - 9am-5pm. The aim is to obtain feedback from 5 different staff members each week as a minimum.</p>	
	<p>1.5</p> 	<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <p>We operate the <u>Abdominal Aortic Aneurysm (AAA) Screening Programme</u> for the NHS in the North East of England. This aims to reduce premature deaths from ruptured abdominal aortic aneurysms among men aged 65 and over by up to 50% through early detection, appropriate follow-on tests and treatment. In 2015 we referred the 100th man from the north east for life-saving treatment as a result of the QE screening programme.</p> <p>There are specific actions to address the needs of certain minority groups, for example gender reassignment and men in prison. In addition, we have invested in <u>Health Equity Screening Uptake Assessment</u> to identify how fairly services are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need. This has resulted in a targeted action plan relating to disability, ethnicity and areas of deprivation. Information leaflets and accessible information are also provided about the screening programme.</p> <p><u>Breast cancer</u> is the most common cancer diagnosed in the UK with more than 50,000 diagnoses a year. We are responsible for the breast screening programme across Gateshead, South Tyneside, Sunderland, Durham and Chester-le-Street. As part of the screening process patients are offered appointments at the main breast unit at the Queen Elizabeth Hospital, as well as a number of other sites in Blaydon, Sunderland and Cleadon Park. Screenings are also available in mobile units at Jarrow, Durham and Chester-le-Street.</p> <p>The Trust has developed a series of seven accessible videos that 'walk' patients through each of these sites, with detailed instructions on how to find the right area.</p> <p>This helps patients to find the right centre for them by virtually walking the journey from the entrance of each site to reception, the interview room and finally into the mammography room. We know that some patients are very nervous about attending a breast screening appointment, but these videos offer reassurance by clearly showing where to go and what to expect.</p>	

		<p>In addition, the Trust has supported the ‘Be Clear on Cancer’ campaign aimed at women aged 70 and over to drive awareness of the risk of breast cancer amongst this age group and to increase their knowledge of lesser-known breast cancer symptoms.</p> <p>Doctors at the Northern Gynaecological Oncology Centre, run by the Trust, are using a new piece of medical technology called a DySIS which detects pre cancerous ‘hot spots’ in women which can lead to <u>cervical cancer</u>. Over a third of the 800 women who are referred to the centre are potentially at risk of developing cervical cancer if they were left untreated. The new medical device identifies changes which could go on to become cancer and those which can go undetected. The advanced cervical scan is also ensuring women don’t undergo unnecessary invasive treatment which can in some cases leave them with problems during pregnancy such as increased risk of miscarriage and premature birth.</p> <p>We know that monitoring access to, and outcomes from our services by all the protected characteristics is very challenging. We are developing our plans to implement the new Accessible Information Standard, by the 31st July 2016 deadline.</p> <p>Breast and bowel screening services offered a one-stop-shop approach to appointments where all investigations and consultations happened on the same day and patients left with a diagnosis and treatment plan.</p>
<p>Improved patient access and experience</p>	<p>2.1</p> 	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <p>Please see evidence for better health outcomes, sections 1.1-5 above.</p> <p>We have a well-established and valued <u>Appointment Reminder Service</u>. This helps to remind those patients who may have forgotten or no longer require their appointment – and it makes it easier for patients to cancel or rearrange their appointment to do so. Reminder calls can be made verbally by an operator or by an automated system and are made between the hours of 1pm and 8pm, which patients have told us was the best time for them to be contacted. Whilst this system benefits the majority of our patients, we know that it does not meet the needs of Deaf patients. We are now looking towards using text messaging as another means of improving communication with patients.</p> <p>A <u>patient information</u> leaflet is sent out with confirmation letters. We have responded to feedback about harder to find areas by including maps in letters – for example in Breast Screening and Women’s Health Services. Following feedback and consultation with our local communities, we have introduced new dementia friendly <u>directions and signage</u>.</p>



The Trust has a long history of working in partnership with carers and carer organisations. However in 2015 we announced our support of John's campaign, which was led by Nicci Gerarrd following the death of her father last year and Julia Jones whose mother has Alzheimer's and who expressed a wish for her daughter to be able to stay with her if she is ever in hospital.

www.johnscampaign.org.uk

Posters are in place at the entrance to many wards to show that 'Carers are Welcome' here, and to show the value that the Trust places on the links with Carers. A 'Carer's Passport' enables Carers to access wards outside of normal visiting times.

The Mortuary at the QE hospital has a designated room to enable religious from different faiths and cultures. Feedback from an 'Executive Walkabout' as providing a service to be proud of, for hospital and community patients

Another example of how we work inclusively is Catering Service. We want as possible, and promote health and recovery through healthy eating and make freshly on the premises by qualified chefs, we also provide Halal, for patients who may have difficulty in swallowing. Vegetarian, gluten-free We have also developed an easy read pictorial menu with a working group disabilities.



practices to take place, to support people in February 2015 highlighted this area of all backgrounds.

to ensure patients stay is as comfortable drinking. In addition to the meals we Kosher and two daily 'A La Carte' menus and special alternatives are also available. that included people with a range of

The Trust's electronic system flagged vulnerable patients allowing early identification and reasonable adjustments for care and treatment prior to admission. In addition, a monthly report monitored the number of patients admitted with a learning disability and patients completed an exit survey. Wards and departments received themes and comments for improving future patient care.

An example of work to meet the needs of a specific group includes work with Jehovah's Witnesses to understand and develop medical treatments, surgical and anaesthetic procedures devices and techniques as well as haemostatic and therapeutic agents that do not contain blood. Each Witness decides whether he/she wishes to accept the following as a matter of individual choice. The Trust therefore discusses with each patient what they find acceptable. The Trust communicates with members of their Hospital Liaison Committees who are trained to facilitate communication between medical staff and Witness patients. They are available at any time, day or night, to assist with difficulties either at the request of the treating team or the patient.

2.2

People are informed and supported to be as involved as they wish to be in decisions about their care



See section 1.1 for information about how the Trust has worked to involve people in strategic decisions about healthcare in Gateshead. See sections 1.2 and 1.3 for information about how we enable patients to make decisions about their care.

The Trust has clear guidelines and policies to manage the care of patients, and this is supported by resources for staff and a wide range of training opportunities. There are clinical management processes in place, with training, education, policies, procedures and standards. For example admissions procedure documentation; pre-assessment documentation; audits of patient medical records; copying letters to patients; care standards; evidence of multi-professional, cross departmental, multi agency working to support the needs of patients; and policies and procedures relating to patient choice (consent, chaperone, mental capacity, deprivation of liberty etc.)

In 2015 we reviewed and re-commissioned our interpreting services. We know that some members of the Deaf community who used the previous provider did not welcome this change. However we can now offer people face to face interpreting, and access to telephone interpreting more easily. This can be arranged within minutes when the healthcare professional and patient are together, which is a benefit in an emergency situation.

For example, "I am an interpreter and was privileged to interpret for a woman before, during and after her Caesarean Section Operation at the Queen Elizabeth. During this time I was fortunate to observe a first rate team of nurses and doctors who treated my client and her baby with great expertise, care, and consideration throughout their stay." August 2015.

Another different type of example, is the 'debrief service' available for women who want to discuss their pregnancy. Patients are encouraged to contact our Maternity Unit (at any point) to discuss their experience of childbirth, and our midwives support patients to help them understand their experiences. We have had some good feedback from patients who felt reassured and supported in their subsequent pregnancy as a result of this service.

Our adult safeguarding team includes a full-time specialist nurse for people with learning disabilities, with additional support provided by a specialist nurse from a neighbouring Trust.

We are also developing our plans to implement the new Accessible Information Standard, by the 31st July 2016 deadline. This standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need.

The CQC inspection rated caring as 'outstanding'. The report commented that feedback from patients and their relatives was continually positive about the care they received. "Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. During the inspection, they observed patients being treated with dignity, respect and kindness during all interactions with staff. Patients told them that they felt supported and said staff cared about them. Staff responded compassionately when patients required support for their basic personal and emotional needs. The CQC found patients were involved and encouraged to be involved in their care and in making decisions. They received sufficient information in a way they could understand."

2.3



People report positive experiences of the NHS

The Patient Experience Strategy 2014-17 aims to ensure all our patients receive a positive experience and it sets out a framework for how the Trust will improve the patient experience over the next three years. Each week we ask patients to complete a real-time Patient Experience Questionnaire looking at communication, care and compassion. This brief face-to-face questionnaire can enable the inclusion of patients who may not otherwise be able to complete a written questionnaire, and can also involve relatives and carers. The results of the patient experience questionnaire are provided in a quality 'ward pack' which can be openly displayed in Inpatient areas, and staff also receive the patient feedback comments for their area.

This information is also available in the 'Trust Quality Dashboard' which presents combined monthly data for the Trust as a whole, and enables the Trust to identify trends. The combined Inpatient results since April 2015 show a consistently excellent level of satisfaction: April 5.9 / 6; May 5.9 / 6; June 6 / 6; July 5.8 / 6; August 5.9 / 6; September 5.9 / 6. In general terms, the gender, ethnicity and age profile is fairly typical of our admissions pattern – however our Head of Safecare is reviewing how we currently monitor and report on this information.

As discussed earlier in 2.2, the Trust was rated as 'Outstanding' in the category 'Are services at this Trust caring' while all other categories were rated as 'Good' following the CQC inspection. Feedback from members of the foundation Trust confirm people report a positive experience of the NHS.

The NHS Patient Survey Programme systematically gathers the views of patients about the care they have recently received – and this is run by the Picker Institute. Our Picker Outpatient Survey (2014) identified that that the overall rating of care was good/excellent (88%). The survey also showed the Trust performed better than average in relation to fully understanding answers given by doctors, patients having confidence in the doctors and nurses treating them and being given enough privacy and dignity when discussing a condition or treatment

Patient feedback online is an area where we perform particularly strongly, scoring 4/5 on NHS choices as at October 2015:
http://issuu.com/qegateshead/docs/patient_feedback_from_october

We also scored significantly better than average in relation to privacy when discussing a condition or treatment, and privacy when being examined or treated. However the survey highlighted a high response in patients indicating that enough wasn't being done to control pain whilst in hospital. A bespoke piece of work has now been commissioned to improve this. The Trust is currently in talks as to how this will be undertaken. A proposed methodology would involve patient interviews which would allow the opinions of those who have protected characteristics to be captured.

The Trust has invested in the Open and Honest Care: Driving Improvement programme. This aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture. <http://www.qegateshead.nhs.uk/openandhonestcare#openhonest>

		<p>We publish information about this on a monthly basis, and the results of our August 2015 question ‘how likely are you to recommend our ward to friends and family if they needed similar care or treatment?’ was 97% for In-patients and 92% for Accident & Emergency respectively.</p>
	<p>2.4</p> 	<p>People’s complaints about services are handled respectfully and efficiently</p> <p>The Patient Advice and Liaison Service (PALS) is available to patients, carers and family members to access if they have compliments, concerns, issues or merely a question about services delivered by the Trust. The service can be accessed in a variety of ways - in person at a PALS front desk, by post, by email or by telephone. There is a PALS Operational policy and Complaints policy which is accessible via the website for patients, carers and family members who have concerns or issues about the service they have or are about to receive. In addition, information leaflets and the Trust website give details about the NHS Complaints process. We have developed an easy read complaints leaflet, with the involvement of patients with Learning Disabilities (LD) and our LD nurses.</p> <p>The ratio of complaints relative to the number of episodes of care we provide is extremely small, and this affects the reliability of any statistical analysis by protected characteristics. However we review complaints at different levels to identify any themes or potential ‘hotspots’. Every individual complaint has an action plan to address the concern. During April 2014- March 2015 2438 issues were reported – 1051 or 43% of which were complements. There were also 28 comments/feedback, 825 concerns, and 534 requests for information. This information is reported in the ‘Trust Quality Dashboard’. Complaints themes are presented at the Patients, Quality, Risk and Safety Committee (PQRS) and at the Patient, Public and Carer Involvement and Experience group.</p> <p>The Trust has been recognised by the Parliamentary and Health Service Ombudsman as having a consistently low level of upheld complaints. We send out anonymous evaluation forms for complaints to assess the quality of the service provided, and help us to make improvements. The 2014-15 evaluation showed that 74% of people thought we handled their complaint in a courteous or very courteous way. One person identified that they thought they had been discriminated against. We ask for equal opportunities monitoring data, and this shows that both men and women access the service. There is a range of people from different ethnic backgrounds and abilities. All complaints were in the age ranges between 18-74 years.</p> <p>Negative comments received during the real-time patient experience questionnaire are taken, with the consent of the patient, to the nurse in charge at the time with the hope that issues can be resolved efficiently. Incidents within the Trust are reported by staff using a Datix system. These are also reviewed and reported to departments and via PQRS Committee.</p> <p>As part of the inspection process in 2015, the CQC worked with the Gateshead Healthwatch. As discussed earlier, they conducted a survey to gather evidence about people’s experience going through the discharge process, and the themes coming out of engagement with local people about the trust's services were in the main positive.</p>

		<p>Finally, the Trust is currently investing in a development to create a patient experience hub, to improve the quality of the service we provide to our patients and the public. This will accommodate the PALS office, the volunteer’s service and an area where patients can collect patient information about our services and health education.</p>
	<p>3.1</p> 	<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p> <p>We aim to attract and retain a talented and committed workforce which is able to meet the demands of the modern NHS, now and in the future. We comply with the NHS Employment Checks Standards which are issued by NHS Employers, and we also comply with data protection, immigration and equality law requirements, and the Disclosure and Barring Service (DBS) Code of Practice. The audit and review undertaken by Internal Audit in September 2015 showed that the Trust has ‘significant assurance’ and that ‘there is a generally sound system of control designed to meet the organisation's objectives’.</p> <p>In August 2015 we appointed an HR Manager with specific responsibility for recruitment to demonstrate our commitment to recruiting and retaining the best possible staff. We reviewed our recruitment and selection policy, and introduced a more effective recruitment process, which has resulted in reduced timescales and improved the recruitment journey for job applicants. We have received positive feedback about these improvements.</p> <p>The Trust has a Recruitment and Retention Group that specifically considers actions to attract and retain qualified nurses and healthcare assistants. This is Chaired by the Deputy Director of Nursing, with representatives from all business units within the trust. In our recruitment processes, publicity and events, we promote the use of values based recruitment in order to attract and consider job applicants who have the same values and high standards of care that we consider important to our organisation.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="479 932 663 1082" style="text-align: center;">  </div> <div data-bbox="685 916 1854 1091" style="text-align: center;"> <p>The Trust was assessed by Job Centre Plus in 2015, and meets the requirements of the Disability ‘double tick’ symbol. We are also a Mindful Employer, and therefore understand that people who have mental health issues may have experienced discrimination in recruitment and selection procedures. We have many examples of making reasonable adjustments to enable a range of people to access job opportunities.</p> </div> <div data-bbox="1899 932 2119 1018" style="text-align: center;">  </div> </div> <p>In relation to our workforce information:</p> <ul style="list-style-type: none"> 92% of our staff describe their <u>ethnicity</u> as being White British, and the remaining proportion of staff come from very diverse ethnic backgrounds. It is estimated that around 3.7% of the population of Gateshead are from a black or minority ethnic (BME) group. However we know that our staff profile varies greatly across different occupational groups and also pay grades. We also know from our Workforce Race Equality Standard (WRES) that White applicants are twice as likely to be appointed from shortlisting than Black applicants. We are considering further measures to improve the diversity of our Trust board.

- Like most NHS organisations the larger proportion of our staff are women (80%), and more women than men work on a part time basis. This may reflect traditional caring responsibilities, and we have supported female staff to return to work from maternity leave and request different working arrangements.
- Because most of the jobs we have require qualifications, training or experience, we employ a minority of staff under the age of 20 years. However we support young local people and the unemployed through our work shadowing programmes. Ages for entry vary from 14-18 and ad hoc adult placements are also supported. We have also increased the number of apprenticeships and cadetships schemes we operate. Cadetships offer a 2 year pathway to university BSc Degrees in Adult Nursing. We have also developed a new programme for Biomedical Cadets which was implemented to enable young people to undertake entry criteria to the BSc Degree in Biology Science.
- We are part of Project Choice, which is a regional project to improve the opportunities for young people with learning disabilities. As part of this we currently offer work experience placements, and we are looking to expand the programme in 2016.
- In the 2015 staff survey, 90% of both men and women said that we provide equal opportunities for career progression or promotion. This compared more favourably to the national average for acute Trusts which was 87%, and placed us in the top fifth of similar Trusts.
- In addition, the figure was very similar for full and part time staff (91%, and 88% respectively), and across the different age ranges. Whilst a lower percentage of BME staff said that we provide equal opportunities, our figure (77%), was still higher than the average for acute Trusts (75%). 81% of disabled staff reported this compared to 92% of non-disabled staff.
- The score for staff recommending the Trust as a place to work or receive treatment was 3.91 which was better (higher) than the previous score of 3.84. This compared favourably to the national average for acute Trusts which was 3.76, and placed us in the top fifth of similar Trusts.
- In addition, the figure was very similar for full and part time staff (3.91 and 3.89 respectively), men and women (3.9 and 3.91 respectively), and across the different age ranges. We had a higher (better) score for BME staff (4.13 compared to 3.89 for White staff). However we had a lower score for disabled staff (3.76 compared to 3.94 for non disabled staff).
- 8% of staff said they had experienced discrimination at work in the past 12 months, which was the same percentage as the previous two years. This was lower (better) than the national average for acute Trusts which was 10%, and placed us in the top fifth of similar Trusts.

		<ul style="list-style-type: none"> • In addition the figure was the same for men and women, and very similar for full and part time staff (9% compared to 8% respectively). However 14% of disabled staff felt they had experienced discrimination compared to 7% of non disabled staff. 23% of BME staff said they had experience discrimination compared to 7% of White staff. • We use different HR policies to retain staff when their circumstances change. For example we currently have 8 members of staff on a career break, and we have redeployed many staff who for health reasons have required different working arrangements. Other examples include the operation a range of flexi-time systems and leave arrangements. We have also piloted an annualised hours system in an area Trust where this can be accommodated.
	<p>3.2</p> 	<p>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p> <p>All members of staff, except for some very senior managers are employed on nationally agreed terms and conditions. Separate arrangements are in place for these very senior managers. Our Remuneration Committee determines the rates of pay and contracts of the Executive Directors against a Department of Health framework.</p> <p>Chairman and Chief Executive have had discussions with the Governors’ Remuneration Committee to ensure that processes for Non-Executive Director recruitment attract interest from as wide a range of candidates as possible. We also carry out equal opportunities monitoring in relation to our Clinical Excellence Awards for Medical staff.</p> <p>There is a commitment to work in partnership with staff side organisations to develop and operate fair employment policies and procedures. For example job evaluation and grading reviews of new and existing jobs are undertaken in partnership with staff-side colleagues, using the national job evaluation system (Agenda for Change). There are processes in place to ensure there is consistency in relation to job evaluation and grading review outcomes. Members of staff have the right to raise a complaint about processes that they perceive are unfair or are carried out incorrectly.</p> <p>However we recognise that the information we have published about equal pay has been very specific and limited to gender. The Government Equalities Office closed their consultation on Mandatory Gender Pay Gap Reporting in March 2016, and we will be considering the findings and subsequent guidance when published, to help us to improve how we use equal pay audits to help demonstrate that we fulfil our legal obligations.</p>
	<p>3.3</p>	<p>Training and development opportunities are taken up and positively evaluated by all staff</p>



The Trust recognises that support, training, personal development and performance appraisal are important to ensure we provide the best possible services to patients. The Organisational Development (OD) and Training Department, Work-based Learning and IT Training Services, Clinical Skills, Library Services aim to help and support all learners and prospective learners to achieve their goals by providing appropriate and timely information; advice and guidance about in-house courses; vocational qualifications or IT courses; support to help learners make informed choices; support during their qualifications; and evaluation and review to ensure learning is effective.

Central to this is our aim to create accessible learning and development opportunities that support the continued delivery of safe, effective health services that are responsive to peoples' needs. For example we have invested in a Staff Learning Zone. This offers staff somewhere to use a PC, to browse the internet or use email in a relaxed environment away from their workplace. It is also a place where people can come to learn new skills or build on existing ones or to access resource material on learning opportunities. We use the Matrix Standard which is the unique quality framework for the effective delivery of information, advice and /or guidance on learning.



Our Library has also scored extremely well following a recent assessment against national standards for assessing NHS Library Services. The QE Library service is 92% compliant, and rated as a green service. This compares well with the average for the North East (83%), and the QE is ranked third out of eleven in the North East. The library has continued to develop the range of services it offers staff over recent years, in line with national priorities. The aim now is to maintain the quality of services provided and to continue to reach out to new staff groups who can benefit from the service.

The Trust is monitored externally by a number of bodies and in 2014/5 had seven successful inspections. This ensures that the programmes we delivered are done so at the appropriate standard. Further information about the range and quality of our learning and development opportunities can be accessed via the following link: <http://staffzone/ddi/departments/o-d-and-training/documents/year-end-report/Education%20Learning%20%20Development%20Team%20Year%20End%20Report%202014-2015%20final.pdf>

- The profile of staff from different ethnic backgrounds remains largely in line with the workforce profile, taking into account the relatively small numbers of staff concerned.
- Analysis of access to in-house leadership programmes shows that the gender and ethnicity percentages exceed the Trust profile – with 35% men attending, and 25% other than White British staff attending. However we recognise the gender and ethnic profiles vary across pay bands, and also across the different occupational groups. For example, 56% of consultants who attended Mandatory Training were White British, and 44% were from other ethnic minority backgrounds.
- Evaluation of the learning and development that we offer to doctors in training is also very positive, with most training evaluation being reported as very good or good. The GMC survey, and the 'your school your say' survey results show junior doctors in training regard the Trust very positively.

- A new question was introduced in the 2015 national staff survey which asked about the quality of non-mandatory training, learning or development. The Trust scored 3.99 – only slightly lower than the average for similar Trusts (4.03). The figure was the same for men and women, and lower for staff aged over 51 years (3.93) than younger staff aged under 30 years (4.11). We expect this reflects the investment in training of younger staff at the beginning of their careers in the health service – for example apprentices, junior doctors and cadet nurses.
- The figure was very similar for full time and part time staff (3.98 compared to 3.96 respectively). Disabled staff reported a lower satisfaction score than non-disabled staff (3.88 compared to 4.01 respectively) and BME staff reported a higher score than White staff (4.30 compared to 3.97 respectively). This may reflect the much higher proportion of BME staff in medical professions, for example Medical and Dental staff reported a score of 4.17 compared to 3.67 for Administrative and Clerical staff.
- During 2014/15 the Trust supported 1039 members of staff to undertake a range of courses via the Study Leave process. There were 514 requests for Study Leave and 70 requests for Professional Leave from consultant medical staff. We currently do not monitor this information by protected characteristic.
- The Trust introduced a Nurse Cadet Programme in 2012, this is an 18 month programme aimed at 16-18yr olds and offering an alternative route into the Adult Nursing Degree. This programme allows students to gain hands on experience through a health apprenticeship while also gaining an academic qualification that evaluated extremely well. This was to include Biomedical Cadetship in Pathology in 2015.

We currently analyse attendance by gender and ethnicity because the number of staff declaring they have a disability on our Electronic Staff Record system remains very low and we do not think that this accurately reflects the workforce profile. However one of the actions from completing our WRES is to consider how we could improve the equal opportunities monitoring of training and development opportunities, and we will consider how this can help support information about other protected characteristics also.

All OD&T training events	Male	Female	White British	Other
Trust staff profile	21%	79%	93%	7%
Total attendance profile	18%	82%	94%	6%

3.4



When at work, staff are free from abuse, harassment, bullying and violence from any source

We are committed to providing a safe working environment, free from abuse, for our staff through a system of corporate governance, and a wide range of policies, practices and procedures. One of our top five ranking scores in the 2015 annual staff survey was the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. This was 22% compared to the

average for acute Trusts of 28%. Whilst we were in the bottom fifth of Trusts for the percentage of staff experiencing physical violence from staff in last 12 months, our other indicators were average or better than average.

- We were in the lowest (best) fifth for the % experiencing harassment, bullying or abuse from staff in last 12 months (22% compared to the average 26% nationally)
- We were in the lowest (best) fifth for % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (22% compared to the average 28% nationally)
- We were better than average for the % of staff reporting most recent experience of violence (57% compared to the average 53% nationally)

Work undertaken recently includes adapted Level 3 Physical Intervention Training for A&E staff; consolidated Violence and Aggression Training to 1 day and increased the amount of sessions held including weekends; developed Level 1 Conflict Resolution e-Learning Module; implemented out of hours weekend Security presence in the A&E reception; implemented the removal of all external key pads and replaced with ID access control to enhance security; and conducted a Child Abduction Exercise in partnership with the Maternity Department and Northumbria Police. Our PMVA Specialist Nurse Practitioner is also conducting a Lone Worker survey to assess and respond to staff feelings around Lone Working at present.

In 2015 the NHS introduced a Workforce Race Equality Standard (WRES), which includes the following information:

		Your Trust in 2015	Average (median) for acute Trusts	Your Trust in 2014
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	23	28	24
	BME	13	28	19
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	22	25	22
	BME	31	28	33
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91	89	92
	BME	77	75	81
In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6	6	6
	BME	17	13	16

In relation to abuse from staff, the results of our most recent staff survey show that the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months was 22% compared to 23% the previous year. This compared to the national average for acute Trusts of 26%, with the best score for an acute Trust was 16%.

- Further analysis shows that a similar proportion of men and of women reported this (21% and 23% respectively)

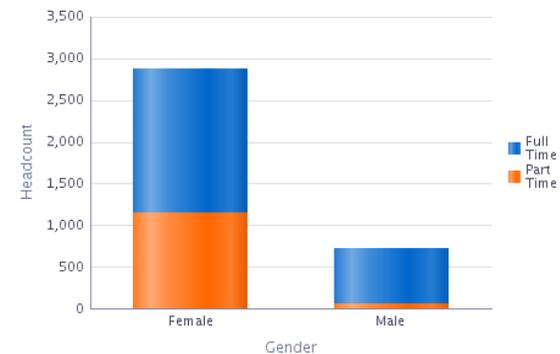
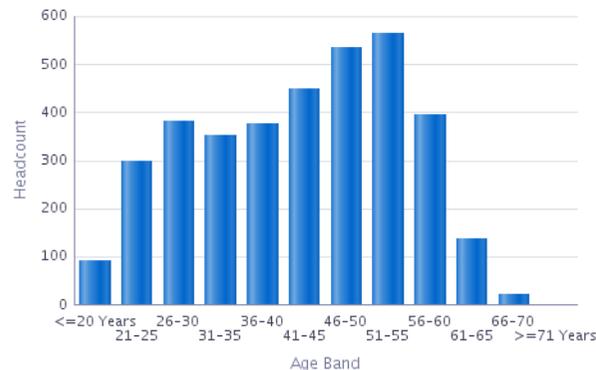
		<ul style="list-style-type: none"> • A higher proportion of disabled staff experience harassment than abled bodied staff (35% and 19% respectively) • A higher proportion of BME staff experience harassment than White staff (31% and 22% respectively) <p>The results also showed that the percentage of staff experiencing physical violence from staff in the last 12 months was 3% which compared to 2% for the previous year, however due to the very small numbers reporting this was not a statistically significant difference. This compares to the national average for acute Trusts of 2%.</p> <p>The Trust conducts an annual audit and review of arrangements for dealing with harassment and bullying from staff. We know from this audit that we have provided 93% of our staff with basic training about harassment and bullying during the past three years. In 2015 a Working Group which included members of the HR and OD & Training Departments, Trade Union representatives and Harassment Advisors, reviewed the existing harassment and bullying policies and processes. A number of improvements have been identified, including mediation (as a model for helping to address conflict) and recruiting more Harassment Advisors. These improvements are to be implemented during 2016, with the support of the Equality & Diversity Steering Group and the Health and Wellbeing Group.</p>
	<p>3.5</p> 	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <p>The Trust has introduced a wide range of policies, jointly agreed with trade unions, to promote access to a range of flexible working arrangements. These include PP18 Flexible Working Policy; PP23 Retirement Arrangements Policy; PP15 Employment Break Policy; Leave to Carry Out Humanitarian Work Guidelines; PP44 Domestic Abuse Policy; PP09 Authorisation of Leave Policy; PP03 Managing Attendance Policy. We recognise that the degree to which we can support flexible working arrangements varies across the different occupational groups and operational areas, according to the needs of the service. We also recognise this affected by the profile of the staff working in those areas, for example this may be affected by the number of staff with young children or caring responsibilities, disabilities or long term health conditions.</p> <p>The 2015 Annual Staff Survey showed introduced a new question that showed that 50% of our staff were satisfied with the opportunities for flexible working patterns. This was comparable with the average for acute trusts (49%), and the best figure for an acute trust nationally was only 58%.</p> <ul style="list-style-type: none"> • As expected there was a difference across different occupational groups, for example Admin and Clerical staff reported a much higher satisfaction % than Professional, Scientific and Technical staff (59% and 24% respectively). • There was a higher percentage of part time staff satisfied than full time staff (54% and 49% respectively) • There was little difference between men and women (49% and 51%) or between White staff and BME staff (50% and 51%). • There was a lower percentage of disabled staff satisfied (42% compared to 52%).

This question is part of an NHS pledge to provide support and opportunities for staff to maintain their health, well-being and safety. As a result, we have included data about the other scores in the survey relating to this:

- There was no change in the % of staff working extra hours, and this put the Trust in the lowest (best) 20% of acute trusts.
- There was a significant decrease in the % of staff suffering work related stress in last 12 months, and this also put the Trust in the lowest (best) 20% of acute trusts.
- We were in the best 20% of acute trusts for the organisation and management interest in and action on health / wellbeing.
- However the % of staff feeling pressure in last 3 months to attend work when feeling unwell was higher than average.

Other examples of how the Trust supports staff include:

- Our partnership with Gateshead Carers, which has included monthly drop in sessions on site for staff with caring responsibilities, to provide support to some of our staff who may be experiencing challenges.
- Investing in a new private nursery which opened on the QE site in 2015, and access to childcare vouchers for staff.
- We operate a subsidised park and ride scheme, which offers staff the opportunity to park more securely off site with regular bus transport provided. We also make arrangements to enable staff to park on site when this is a requirement (for example, where this is considered a reasonable adjustment).
- Our Health & Wellbeing Strategy also provides support to groups of staff where a need has been identified, such as Mindful Employer (mental health); ergonomic assessments, reasonable adjustments, rehabilitation and phased returns to work for staff with long term health conditions
- We have reviewed arrangements for accessing support from our Occupational Health Department.



3.6

Staff report positive experiences of their membership of the workforce



In the 2015 annual staff survey, the recommendation of the organisation as a place to work or receive treatment is described as “the extent to which staff think care of patients/service users is the trust’s top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment”. The Trust scored 3.91 which was an improvement on the 2014 score of 3.84. This put us in the highest (best) 20% of acute trusts. The average for acute trusts was 3.76. This score is made up of a range of questions:

- The results for "I would recommend my organisation as a place to work" was 65% for the Trust which was better than the national average for acute trusts of 61%
- In relation to the question "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" the Trust scored 76% which also compared favourably with the national average for acute trusts of 70%.
- A new question about staff satisfaction with the quality of work and patient care they are able to deliver was introduced and the Trust scored 3.93, which was also the average score for acute trusts.
- The staff satisfaction with level of responsibility and involvement improved, from 3.79 in 2014 to 3.90 in 2015. This was slightly lower than the average for acute trusts of 3.91.
- A new question about staff satisfaction with resourcing and support was introduced, and the Trust scored 3.40 compared to the average of acute trusts of 3.31.

In relation to the recommendation as a place to work or receive treatment, full and part time staff reported similar results (3.91 and 3.89 respectively) as did men and women (3.9 and 3.91 respectively). Staff aged 16-30 years reported the highest level of satisfaction (4.07). Disabled staff reported a lower level of satisfaction (3.76 compared to non-disabled staff 3.94), and BME staff reported a higher rate of satisfaction (4.13 compared to 3.89 for White staff).



The results from 101 staff on our inpatient wards in January is described as:

- I would recommend this ward/unit as a place to work - 69.3% strongly agree and 21.8% agree
- I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment – 66.3% strongly agree and 29.7% agree
- I am satisfied with the quality of care I give to the patients, carers and their families – 67.3% strongly agree and 23.8% agree

Finally, the CQC Inspection report stated that “staff were proud to work for the trust and felt supported to work at the organisation; staff described leadership at a local level as good”.

4.1



Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

The following represents a sample of the type of actions taken by the Trust board and senior leaders to demonstrate our commitment to promoting equality within and beyond our organisation. Details of our Trust Board members are available: <http://www.gegateshead.nhs.uk/board>

Julia Hickey, the Chairman, is the Non Executive lead for Equality & Diversity. She been an active and involved member of the Trust Equality & Diversity Steering Group for many years, and provides support and leadership in promoting equality and value diversity.

To ensure a diverse representation, the Trust has ensured there are places on the Council of Governors for appointed governors from the Gateshead Diversity Forum, Gateshead Youth Council, Gateshead Jewish Council and Gateshead Voluntary Organisations Council. The Chairman and Trust Secretary regularly review attendance and contribution from all appointed governors to ensure active participation from our partners;

Following a meeting with the Chairman, Chief Executive and a representative of the trust has participated in “Project Choice”, which is an initiative to support learning disabilities to gain work experience placements and employment working in partnership with employers.



Gateshead College people with opportunities by



In addition, Karen O’Brien, the Deputy Director of HR has pledged our commitment to being an equal opportunities employer with NHS Employers, specifically to employ more people with learning disabilities. We aim to develop our existing partnership with Project Choice further, to fully implement the 3 stage pathway supported by Gateshead College.

The Trust is proud to have been an Investor in People organisation for almost twenty years. This demonstrates our commitment to support staff to provide the best services to our patients. Having achieved the gold standard in November 2012, which demonstrates that the organisation has reached the highest level of attainment, we went on to become an IIP Champion in 2013. As a Champion, the Trust is considered a role model and shares best practice with others



In 2015 we also achieved the new Investors in People Health and Wellbeing Good Practice Award, relating to the physical, psychological and social wellbeing of employees. “We’re really proud to be the first NHS Trust to be awarded the Health and Wellbeing Good Practice Award and it reflects the hard work of everyone across the Trust to deliver first class care. Health and wellbeing is something that we actively

		<p>promote to the public so it's vital that we make that same promise to our own employees, so they are in the best possible position to support all our patients." Ian Renwick, Chief Executive.</p> <p>In relation to hosting trainee doctors, we were one of the country's best performing hospitals, featuring eight times in the list of Top 10 Trusts based on the feedback of medical trainees in the General Medical Council's (GMC) National Trainee Survey. The Trust was rated as number one in the country for both overall satisfaction and creating a supportive environment for trainees on the first year of the foundation programme. "This is an outstanding result for the foundation programme at QE Gateshead and I think it speaks volumes about the level of support we're proving to trainee NHS Doctors." Keith Godfrey, Medical Director.</p> <p>As a Non Executive Board Member, Councillor Mick Henry, as Leader of Gateshead Council, has overall responsibility for the strategic direction of inclusion and equality in the Council. Along with his Cabinet colleagues, he ensures equality is considered when key decisions are made that affect residents and employees. Councillor Henry is President of local charity the Gateshead Visible Ethnic Minority Support Group, and has been Chair of the Gateshead Diversity Forum since 2001. The Forum's membership consists of representatives of community groups and organisations that include the Borough's Muslim, Sikh and Jewish communities, who, together with other individuals and organisations, are working collectively to benefit the lives of the people of Gateshead. Over the years, the Forum has considered many different issues, such as community cohesion, education, community safety, health and wellbeing, and improving access to services.</p> <p>Other examples include:</p> <ul style="list-style-type: none">• A patient story is routinely presented to the Board and assurance sought to ensure that any issues identified have been addressed. Details are included in Trust Board papers which are available at: http://www.qegateshead.nhs.uk/boardpapers• A representative of our Patient, Public and Carer Involvement and Experience group has met with members of the North East Refugee and Asylum Seekers Group to listen to feedback about their experiences of healthcare.• The Trust Equality Lead is an active member of the North East EDHR Leads Group, and works in partnership with other NHS organisations to promote equality and value diversity <p>The CQC Inspection report noted that:</p> <ul style="list-style-type: none">• During the planning and development of the paediatric emergency assessment unit, the Youth Council were involved in designing a suitable environment to meet the needs of children of all ages. A public consultation took place before the change in the pathway for children, and members of the public who wanted to understand the changes in the provision of service attended this.• There were good links with the board of governors at the trust who provided public engagement and input into developments.• Maternity services had lay representation on the labour ward planning forum and identified a community midwife attached to the Jewish community Children's Centre.• The Council of Governors held 'surgeries' in Gateshead to allow the public to drop in and share information regarding the services provided by the trust.
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4.2



Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

In order to ensure we had a systematic approach to identifying equality related impacts, there is a specific section for describing 'Equality and Diversity Implications' on the Trust Board Report Cover Sheet. Whilst it is not possible to describe the full discussions during committee meetings, minutes of meetings are expected to openly and accurately describe any key points and decisions. It is important to note that the HR Committee is a sub committee of the Trust Board, and receives the minutes and regular updates and information from the Equality & Diversity Steering Group.

The following information provides some examples, and not intended to be an exhaustive list. The Trust will be reviewing this process during 2016:

- The annual report summarising the ongoing work to meet the needs of patients with learning disabilities, titled the Healthcare for All Progress Report (October 2015).
- Updates about the outcome of the annual Patient Led Assessment of the Care Environment (PLACE). A number of changes were introduced for the 2015 assessment including new criteria around "dementia friendly environment".
- Information about the revised Mental Health Act Code of Practice, and the Trust action plan to provide assurance that the Trust is compliant. (This now includes a regular Training and Restraint report will now be provided to the Committee and links into monitoring of the Restraint Policy.)
- The Mental Health Committee reviewed and approved a number of policies relating to the care and wellbeing of patients with mental health conditions throughout 2015.
- The HR Committee received assurance in April 2015 following a high level review of arrangements for monitoring compliance in respect of Equality and Diversity. Based on, and limited to the work undertaken by Audit, the Trust has significant assurance with an issue of note that there is a generally sound system of control designed to meet the organisation's objectives.
- HR Committee received information about the EDS2 and the WRES. Other examples include changes to policies and updates about employment law affecting protected characteristics (for example shared parental leave in April 2015).
- The Equality & Diversity Steering Group, HR Committee, and Trust Board receive a range of workforce data and information regularly to provide assurance and inform decisions. This includes information about different protected characteristics and equal opportunities monitoring data.

Trust Board papers are available via this link: <http://www.qegateshead.nhs.uk/boardpapers>

In addition, the Trust has a dedicated 'Equality, Diversity and Human Rights' section of the Trust internet site where we publish information about our equality objectives and strategy, annual equality reports, WRES and equality analysis. This information can be accessed via this link: <http://www.qegateshead.nhs.uk/edhr>

4.3



Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

See also section 3.6

Managers are encouraged to use the Trust Staff Charter, which aims to recognise that all staff, including managers, have certain rights and responsibilities as employees of the Trust. The Charter was developed with a great deal of input from staff and provides standards of behaviour by which we aim to work: <http://staffzone/ddi/departments/o-d-and-training/staff-charter.php>



The Trust's has supported staff who are members of the reservist forces and was recently awarded the bronze award in the Ministry of Defence employer recognition scheme. This accolade is awarded to organisations who actively “pledge, demonstrate or advocate their support for Defence and the Armed Forces Community”.

The results of the 2015 staff survey show that staff rate support from immediate managers as 3.69 which was the same as the average for an acute trust. This was an improvement from the 2014 score of 3.62.

- There was little difference between men and women (3.66 compared to 3.7) or full and part time staff (3.71 compared to 3.64), and White and BME staff (3.7 compared to 3.65).
- Younger staff aged 16-30 years reported the highest (better) score of 3.81
- Disabled staff reported a lower score of 3.47 compared to 3.75 for non-disabled staff

The staff survey also showed that 91% of staff had been appraised by their line manager in the past 12 months, which placed us in the top fifth of acute trusts. Our CONTACT appraisal now includes a section specifically around the health and well-being of staff. Line managers are prompted to ask if there are any issues which might impact on their staff's ability to be effective in their role. We promote this to staff as an opportunity to discuss matters such as work environment, flexible working arrangements, health and safety, childcare, and also physical health or emotional well-being. Whilst this discussion is part of appraisal and must be covered, staff do not need to divulge anything they are not comfortable with.

As part of the HWB Strategy, the Trust encourages staff to access the Live Well Gateshead service which had been well received by staff. This is advertised in the QE weekly and leaflets are on all H&WB noticeboards.

In the staff survey, the key finding “recognition and value of staff by managers and the organisation” showed that the Trust score improved from 3.42 in 2014 to 3.46 in 2015.

- There was little difference between men and women (3.46 compared to 3.45), or full and part time staff (3.44 compared to 3.45), or White and BME staff (3.45 compared to 3.5)
- Older workers, aged over 51 years, reported the lowest score of 3.39 in the age range
- Disabled staff reported a score of 3.22 compared to 3.50 for non-disabled staff

Training, (alongside awareness raising, access to information, resources and support) helps us to promote the core values of the Trust, and enable both managers and staff to understand and achieve our broader equality objectives. Equality, Diversity and Human Rights training is delivered during Corporate Induction and Mandatory Training, and is also included in a range of leadership training and development courses including the Senior Staff Nurse Training, Kaleidoscope, Managing Attendance. As part of the implementation of the WRES, we are considering including training in unconscious bias in relevant HR training programmes for managers.

The Trust has invested in corporate membership of the Employers Network for Equality & Inclusion, which is a leading employer network covering all aspects of equality and inclusion issues in the workplace. We are developing a programme of work in partnership with other NHS organisations in the North East region to support an inclusive and diverse workplace. We will use this work to help build staff networks to offer support and the opportunity for feedback in the future.



Other examples of managers support staff to work in culturally competent ways include:

- Supportive working practices such as storage of prayer mats in offices, for private use at important times. Extended leave for cultural and religious events.
- Access to the Multi-faith prayer room, and support provided by our Chaplains
- The use of the weekly QE News to promote events and raise awareness of diversity. For example the promotion of LGBT History Month in February, or the NHS Equality, Diversity and Human Rights week in May
- Making reasonable adjustments with support provided by our Occupational Health, Ergonomics and HR Departments.
- Providing equipment, modified training and support for staff with dyslexia