

# Calderdale and Huddersfield

## NHS Foundation Trust

### Information



**Colleague Engagement**



**Equality, Diversity  
and Inclusion**

## 1. Trust Profile

1.1 The Trust

1.2 Our Digital Journey

## 2. Organisational Structure

## 3. Divisional Services

## 4. Diagnostic Support

## 5. Clinical Governance

5.1 Medical Practice

5.2 Professional/Clinical Development

5.3 Clinical Governance (including Audit)

5.4 Appraisal/Revalidation

5.5 Research

## 6. Learning and Development Facilities

## 7. Health and Safety

## 8. Equality Impact Statement

## 9. Health and Wellbeing

## 10. LGBTQ+ & BAME



## 1. Trust Profile

Calderdale and Huddersfield NHS Foundation Trust is an exceptional place to work with many amazing teams of hard working and dedicated staff, delivering high standards of patient care. We have made significant changes in the way we work to meet the challenges of the changing NHS.

This is an exciting time for our continuing development and we are ensuring that the organisation is fit for purpose by introducing and embedding new skills and behaviours.

### Colleague Engagement Strategy

This describes the Trust's ethos for engaging with staff. The organisation is working with its staff to refine its approach and integrate this into everything that we do. It underpins our management development programme

From June 2018 onwards we started to have loads of conversations with loads of different people right across CHFT. These conversations were about what kind of place we want our organisation to be. The conversations were also about making sure that everyone had a chance to contribute; about making it easy for people to talk about what was important to them; about making sure that the report on the back of these conversations was not long and boring; and about us keeping on having these conversations so that they're not just a one-off thing.

We already know that at CHFT we're all about delivering compassionate care. And we've already said that we need 'a workforce for the future'

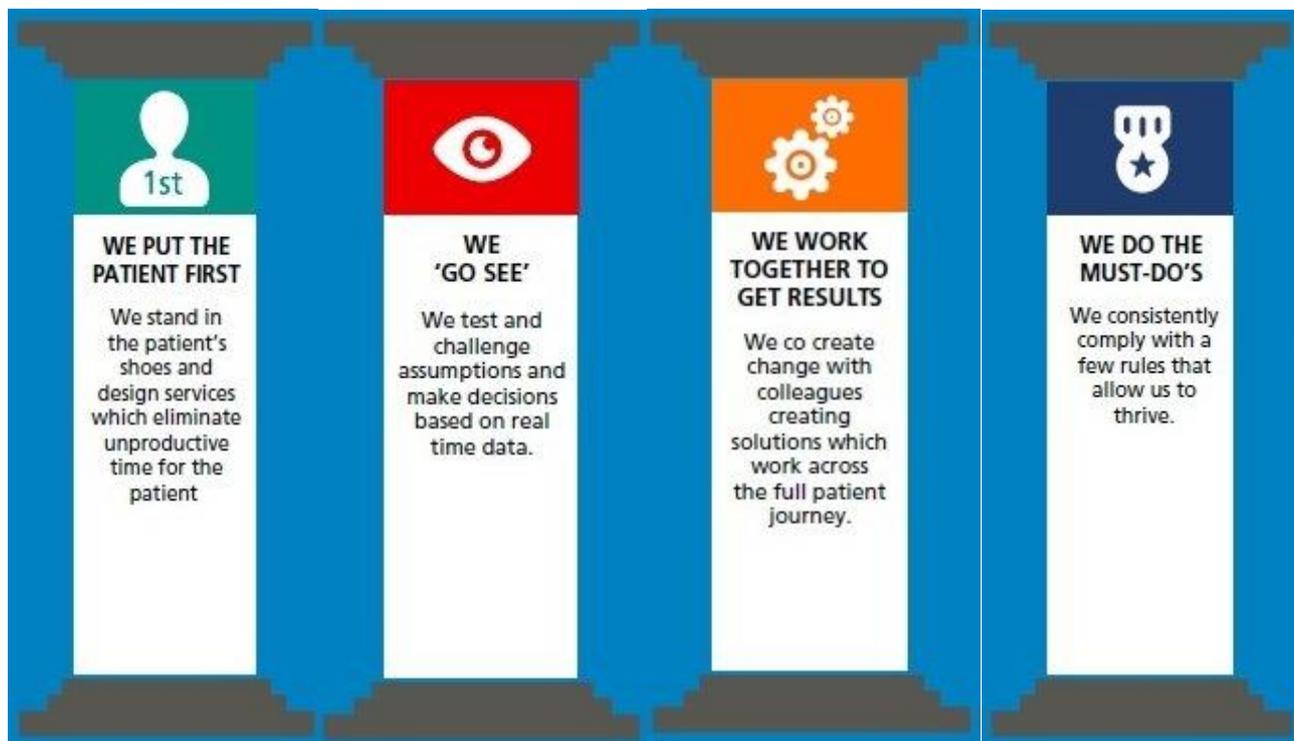
**But what came out loud and clear was "Let's create an organisation that's known for one culture of care. This means we care for each other in the same way as we care for our patients".**

As well as having these conversations we looked at other things too. We looked at our report from an organisation called Investors In People. They've been working with us for a couple of years now and do an assessment report based on what people at CHFT have told them about what it's like to work here. We also looked at our reports from the National Staff Survey. Again, these reports are based on our feedback to this annual anonymous questionnaire. We also had a look at what our local partners are aiming for.

The upshot is: a bottom up, co-created, colleague-crafted, cuppa and conversation catch-all called The Cupboard

It consists of four Pillars





Calderdale and Huddersfield NHS Foundation Trust became a Foundation Trust on 1 August 2006. The Trust provides 24-hour acute healthcare services to around 435,000 people who live in the two areas served by the Calderdale and Kirklees councils. The Trust also has patients who travel from further afield to access our services.

The Trust employs over 6000 people and has an operating income of £354m (2014/15).

In April 2011 the provider services from NHS Calderdale (the Primary Care Trust) transferred to the Foundation Trust forming part of the Trust's strategy to become an Integrated Care Organisation.

The Trust's principal commissioners are Greater Huddersfield Clinical Commissioning Group and Calderdale Clinical Commissioning Group and provides services to 435, 000 people.

### 1.1 The Trust

The Trust provides services across two hospital sites, Calderdale Royal Hospital, Halifax and Huddersfield Royal Infirmary with a total of 870 beds.

The Secretary of State for Health and Social Care has approved the Trusts bid for £196 million of capital funding to progress our plans for reconfiguration of hospital and community services. The funding is part of a £230 million allocation to West Yorkshire and Harrogate Health and Care Partnership.

This is part of our ongoing commitment to providing Compassionate Care for local people. We will work with commissioners, regulators and the Department of Health and Social Care to develop the plans in more detail, along with local people, partners, Scrutiny and campaign groups to ensure that we create the next steps together.

The key elements of the proposals which we submitted to the Secretary of State in August were:

- Huddersfield Royal Infirmary and Calderdale Royal Hospital will both provide 24/7 consultant-led A&E services.
- The A&E at CRH will receive all blue light emergency ambulances for patients that have serious life-threatening conditions (working closely with Yorkshire Ambulance Service).

- The A&E at HRI will receive self-presenting patients. Patients requiring acute inpatient admission who present at HRI will be transferred by ambulance from HRI to CRH.
- A specialist paediatric emergency centre at CRH.
- CRH and HRI hospitals will both provide medically led 24/7 urgent care.
- Critical care services, emergency surgical, complex surgery and paediatric surgical services will be provided at CRH.
- Planned surgery and care will be provided at HRI.
- Acute inpatient medical care will be provided at CRH.
- Patients who do not require acute clinical care but do require extra support whilst arrangements are made to meet their future needs will be cared for at HRI.
- Midwifery-led maternity services will be provided on both hospital sites. Consultant led obstetrics and neo-natal care will be provided at CRH
- Development of out of hospital care to enable patients to be cared for in the community when appropriate.

There are several stages still to work through with our commissioners, our regulators and the Department of Health and Social Care as we develop the plans in more detail and our approach to increasing the use of digital technology across health and social care will be significant.

This is your opportunity as a senior leader in the organisation to contribute to the development of these new and enhanced services.

## **1.2 Our Digital Journey**

Calderdale & Huddersfield NHS Foundation Trust is at the forefront of the digital health revolution. With the launch of a full Electronic Patient Record in 2017 the Trust started on its journey to be the safest, most efficient and patient centred trust in the NHS. EPR is part of an ongoing project to develop a digital ecosystem within the trust to become a truly paperfree organisation. With this modernisation there are future opportunities for research, development in this rapidly developing field of medicine. Through working at CHFT you can be part of this innovative area aiming to bring safer and more effective care to our patients.

The Trust, in conjunction with Bradford Teaching Hospital NHS FT, has implemented an electronic patient record system. This is more than a computer system; EPR has transformed the way everyone at both Trusts works, making sense of busy, complex health services, analysing information in clever ways and helping to manage many every-day tasks.

This system not only helps to treat patients more effectively by giving healthcare staff easier access to up-to-date information, it also uses this information to improve care, and give healthcare staff the tools needed to be safer and more efficient.

It would be easy to think of EPR as simply a computer system that takes paper-based health records and stores them digitally. In reality, EPR has brought about a step-change in how our healthcare staff work.

The Trust has seen real benefits, transforming the way we deliver care, making sense of health services care for many thousands of patients every day, with different and complex health conditions.

Having up to date, accurate information, available to everyone, whenever they need it helps us to offer the best care we can and ensure that patients get the treatment they need.

EPR goes beyond being a system for storing information. When patient records are stored on paper, the information can only be understood and analysed by staff reading through all of it every time they see a patient. EPR is capable of taking this information and applying the knowledge,

intelligence and experience of a much wider network. This means the system is capable of suggesting plans of care, supporting clinical decision-making and acting as a double-check.

In addition to this, it can be a valuable tool in managing the wider healthcare system. EPR can help to manage the flow of patients through our hospitals, helping them respond to increases in demand by identifying where beds are available (or where they might be available tomorrow) and offering insights into how services are used and where they could be more efficient. By drawing on best practice from across the NHS and beyond, EPR could give everyone working in local health services the tools they need to deliver safer, more efficient care.

The EPR system chosen by both trusts is called 'Millennium' and is supplied by US software supplier Cerner. This system is already used by thousands of healthcare organisations around the world, Homerton University Hospital NHS Foundation Trust, Barts Healthcare NHS Trust and St George's NHS Foundation Trust.

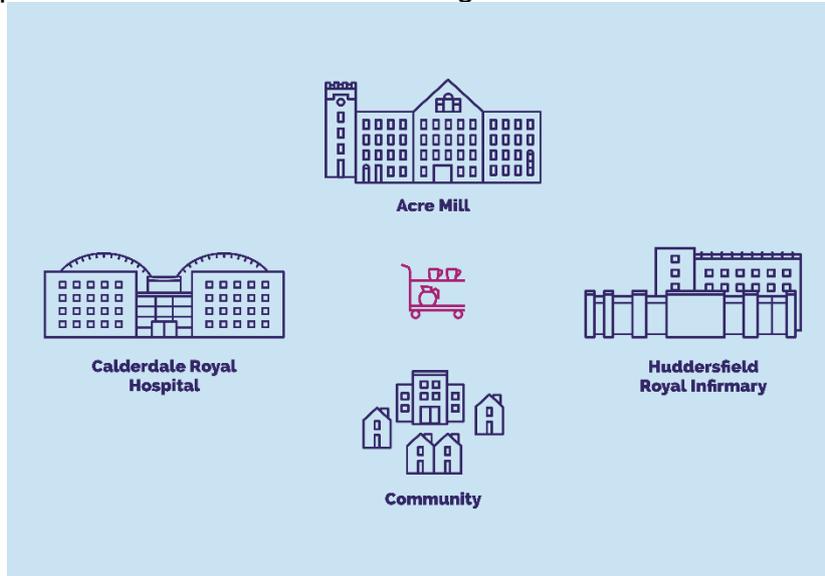
Since the introduction of EPR our digital journey has continued, and we have led the way on many projects within the NHS. We are the first Trust to have successfully implemented a portal that allows us and our GPs to view each others' patient records in real-time and will soon roll this out to Health and Social Care. We are also the first Trust in the UK to have truly digital ECGs that can be viewed in EPR. Other digital advances in patient care include electronic blood checking, remote patient monitoring, an electronic theatre management system, Bluspir, Medisoft for our Ophthalmologists and Athena in maternity services.

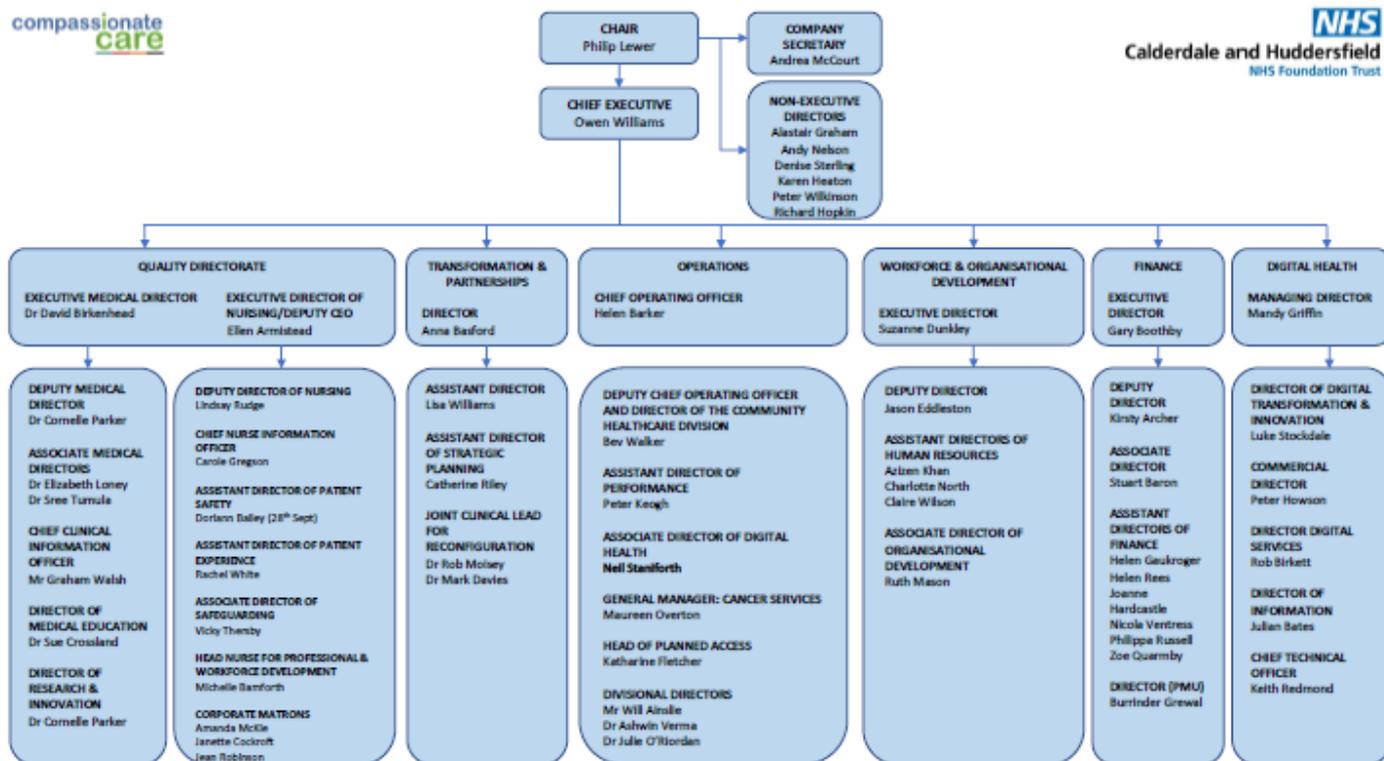
The digital success story doesn't end with our patients, we also have a number of non-clinical applications that we have introduced to improve our working lives. We have an electronic appraisal system, electronic Job Planning software, and we are currently rolling out electronic rostering. Our mandatory training is online and we continue to develop other systems.

## 2. Organisational Structure

The Trust is committed to clinicians leading and managing service delivery. All specialties work within a structure of Divisions and Directorates led by Divisional and Clinical Directors who have responsibility and accountability for the operation of clinical services. Leadership development is encouraged and supported at all levels and there are excellent relationships between clinicians and managers throughout the Trust.

The Executive Board is the main board where clinical strategy is developed and discussed and where operational activities are agreed. This reports to the Board of Directors via Executive Directors who form part of the Executive Board alongside the Clinical Divisional Directors.





### Operations – our four divisions

Surgical & Anaesthetic Services Division	Medical Division (Ino A&E)	Familic & Specialist Services Division	Community Healthcare
Divisional Director – Mr Will Ainslie	Divisional Director – Dr Ashwin Verma	Divisional Director – Dr Julie O’Riordan	Deputy Chief Operating Officer and Director of the Community Healthcare Division – Bev Walker
Director of Operations – Tom Strickland	Director of Operations – Johnny Hammond	Director of Operations – Stephen Shepley	
Deputy Director of Operations – Jason Bushby	Deputy Director of Operations – Jason Bushby	Deputy Director of Operations – Gill Harries	Associate Director of Nursing and Deputy Director of Operations – Andrea Dauris
Associate Director of Nursing – Vacant	Associate Director of Nursing – Gemma Benfman	Associate Director of Nursing – Karen Spencer	Associate Director of Therapies – Michael Folan
Head Nurse for Surgery & Anaesthetics – Vacant	Head Nurse for Medicine – Andrea Gillespie	Head of Midwifery – Joyce Ayns Deputy Head of Midwifery – Diane Tinker	
<b>Clinical Directors</b> Mr Jonathan Cowley General & Specialist Surgical Services Prof. Gautam Chakrabarty Trauma & Orthopaedic Services Dr Shaheed Rahman Critical Care, CVAD and Pain Dr Sue Wilkinson Operating Services, Theatres and Anaesthetics Dr Prit Laloo Head & Neck Directorate (Eye Services, ENT, Oral/Maxillo-facial)	<b>Clinical Directors</b> Dr Punev Desai Acute Medical Directorate Dr Rehan Naseer Medical Specialities Directorate Dr Andrew Hardy Integrated Medical Specialities Directorate Dr Rebecca Isaacs Emergency Care Network	<b>Clinical Directors</b> Dr Tahira Naeem Women’s Services Dr Eileen Crosbie Children’s Services Elizabeth Street Pharmacy Dr Gavin Boyd Pathology Dr Nikhil Bhushkute Radiology	<b>Liz Morley</b> Head Nurse
<b>General Managers</b> Sharon Berry Operating Services, Theatres, Anaesthetics, Critical Care and Pain Jason Bushby General and Specialist Surgical Services/ SAU Jane Peacock Trauma & Orthopaedic Services Louise Corp Ophthalmology, Orthoptic and Optometry Services Laura Cooper H & N Cancer Services, ENT, Audiology and Oral/Maxillo-facial services	<b>General Managers</b> Chris Roberts Integrated Medical Specialities Directorate Acute Medical Directorate Julian Chadha Medical Specialities Directorate TBC Lead Nurse for Emergency Care	<b>General Managers</b> Gill Harries Children’s Services Vacant Women’s Services Sarah Clenton Radiology Sarah Ramsden Pathology Jane MacKenzie Outpatients & Records	<b>General Managers / Service Managers</b> Caroline Smith General Manager, Central Operations Debbie Wolfe Head of Therapy Professions
<b>HR Business Partner</b> Alexis Brown	<b>HR Business Partner</b> Jackie Robinson	<b>HR Business Partner</b> Lagh-Anna Hardwick	<b>HR Business Partner</b> Diane Marshall
<b>Matrons</b> Karen Ferner Jane Frost Sue Thompson Queena Iyias-Ferreira Flora Keys	<b>Matrons</b> Vanessa Dickson Debbie Gibbon Louise Croxall John Lord-Tyrer Chris Lord Tyrer Helen Hodgson Jayne Robinson	<b>Matrons</b> Julie Mellor Joanne Machon Rachel Roberts Michelle Jones	<b>Matrons</b> Caroline Lane Rachel Roe Sue Scriven

### 3. Divisional Services

The four Clinical Divisions are detailed below along with some of the services that they offer:

<b>Families and Specialist Services Division</b>	
• Ante-natal Services	• Midwifery Services
• Community Midwifery Services	• Paediatric Assessment and Observation
• Children's Assessment Unit	• Specialist Paediatric Team
• Neo-natal Unit	• ACON
• Gynaecology Services	• Sexual Health & HIV Services
• Obstetric Services	• Family Nurse Partnership
• Health Visiting	• Health Records and Appointments
• Continence	• Infection Control
• Radiology (including Medical Illustration)	• Health Records and Appointments
• Pathology	• Pharmacy
• Infection Control	• Pharmacy Manufacturing Unit
<b>Medical Division</b>	
• Cancer Services	• Neurology
• Respiratory Services	• Neurophysiology
• Gastroenterology	• Rheumatology
• Diabetes	• Dermatology
• Cardiology	• Rehabilitation Services
• Palliative Care	• Services for Older People
• Acute/Emergency Medicine	
<b>Surgery &amp; Anaesthetics Division</b>	
• Trauma & Orthopaedics	• Ophthalmology
• Vascular Surgery	• Ear, Nose & Throat
• Upper GI Surgery	• Colorectal surgery
• Breast Surgery	• Intensive & High Dependency Care
• Urology	• Endoscopy
• Maxillofacial Surgery	• Anaesthetic Services
• Chronic & Acute Pain Services	• Day Surgery and Operating Theatres
• Plastic surgery	• Audiology
<b>Community Division</b>	
• District Nursing	• Community Matrons
• Therapies	• Specialist Nurses
• Podiatry	• Health Visiting
• Diabetes	• Virtual Ward
• Quest for Quality Initiative	• Family Nurse Partnership and Children's Therapy

There is also a separate Corporate Division which provides support services including Workforce and Organisational Development, Finance, Procurement & Supplies, the Health Informatics Service, Planning, Performance Estates & Facilities, Commissioning & Partnerships, the Medical Director's Office and Corporate Nursing & Risk Management.

## Board of Directors

The Board of Directors, led by the Chair, has a responsibility to make sure there is a clear strategic direction for the Trust and that it fulfils its statutory responsibilities in relation to patient care and experience, finance, governance, clinical quality and partnership working. The Board of Directors, in addition to the Chair, comprises six Non Executive Directors and the following Executive Directors:

- Chief Executive – Owen Williams O.B.E
- Chief Operating Officer – Helen Barker
- Director of Nursing– Ellen Armistead
- Director of Finance – Gary Boothby
- Medical Director – Dr David Birkenhead
- Executive Director of Workforce and Organisational Development – Suzanne Dunkley

## Membership Council

We have a well-established and proactive Membership Council and membership. Both are a vital link with the local community. The Membership Council has several statutory responsibilities including the appointment and termination of Non-Executive Director roles via the Nominations Sub Committee; setting the remuneration for Non-Executive Directors via the Remuneration Sub Committee; the appointment of the External Auditors and approval of the Trust's Annual Plan.

The Board of Directors and the Membership Council work closely together to shape future plans for improved patient care and experience and to deliver governance processes of the highest order.

## 4. Diagnostic Support

Full laboratory, radiology (including CT, ultrasound and MRI) and pharmacy services are available at the Trust, including Medical Illustration, Microbiology, Histopathology, Cytology, a Pharmacy Manufacturing Unit and Medicines Management.

## 5. Clinical Governance

### 5.1 Medical Practice

All members of the Trust's medical staff are expected to practice within the GMC Guidelines; in particular those contained within the publications Good Medical Practice and Maintaining Good Medical Practice. All of the above provide an outline of the duties of doctors who are registered with the GMC and in particular emphasise the responsibility of every doctor to ensure standards of good clinical care, share good practice, keep up-to-date with clinical skills, work in teams and maintain good relationships with colleagues in all disciplines.

The Trust is committed to the support of these principles and provides funds for education and development of all grades of staff. The Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

### 5.2 Professional/Clinical Development

The Trust places great emphasis on the continuing development of all employees. Extensive training opportunities are available both internally and externally.

The Medical Director's office will provide a focus for ensuring the process of delivery of care is research / knowledge based, continuously evaluated and proven to be effective.

The trust has a programme for CESR (Certificate of Eligibility for Specialist Registration) development available to all non-consultant medical staff, and has a track record of developing individuals, including with mentorship opportunities.

### **5.3 Clinical Governance (including Audit)**

There is a wide ranging Clinical Governance Programme across many specialities within the Trust, supported by specialist staff. The Trust is also developing a number of collaborative care plans and has successfully introduced agreed protocols in recent years to improve patient care. Eleven half days per year are dedicated to departmental clinical governance with all elective clinical work cancelled to promote multi-disciplinary working.

Clinical involvement in Clinical Audit is of paramount importance. Clinicians are expected to actively participate in audit and generally to follow agreed protocols to enable the provision of high quality care.

### **5.4 Appraisal/Revalidation**

The appointee will be required to fully co-operate and participate with the Trust's procedure for staff appraisal. This will comprise of an annual appraisal, which identifies personal and professional development needs; agreeing plans for these to be met, while reviewing the doctor's work and performance and considering the doctor's contribution to the quality and improvement of service delivery.

The annual appraisal and documentation forms the evidence needed to meet the requirements for the GMC Revalidation process. Revalidation enables evidence for relicensing to be collected. Enhanced appraisal including multi-source feedback is at the heart of this.

### **5.5 Research**

The Trust is committed to promoting a research culture and supports consultants to undertake research activity. The Trust's Research Strategy encourages all clinicians to participate in high quality, studies, with particular emphasis on work supported by the National Institute for Health Research and industry sponsored trials.

We have an active research department that provides support to a wide portfolio of research studies. The Trust currently has 35-40 principal investigators involved in 80-90 studies per year. Consultants will have access to our dedicated team of research nurses who provide expertise and support to investigators. The Trust is also a member of the Academic Health Science Network for Yorkshire and Humber and has links with Collaborations for Leadership in Applied Health Research and Care

We are particularly keen to support new areas of research and you will be encouraged to contribute to these areas in supporting the Trusts research ambitions. Sessional time required for any participation in research activity will be considered where appropriate. Consultants will also have free access to the Trusts R&D Training and Skills Programme which it delivers across the region and funded by Health Education England.

## **6. Learning and Development Facilities**

There are extensive Learning Centres at both Calderdale Royal Hospital and Huddersfield Royal Infirmary, both centres are equipped with audio-visual equipment. There is also a library at the Calderdale Hospital site with a full range of journals plus intranet, internet and electronic access.

In 2015 the Trust invested in a purpose built simulated 2 bed ward at Huddersfield Royal Infirmary which can be altered to be an emergency medicine bay, a theatre/critical care area or a clinic setting. There is also a simulation training room at Calderdale Royal Hospital equipped with control rooms. There are simulation manikins on both sites, SimMan 3G, SimMom, SimJunior and SimBaby. All healthcare workers are able to access relevant training sessions for their role. Online training

resources are available 24/7 to support every employee in their roles and to achieve essential safety training.

## 7. Health and Safety

All medical and dental staff employed by the Trust are expected to comply with Trust Policy and management instruction with regard to Health and Safety and to Fire Prevention and, in particular to anything that endangers themselves or others.

### 4.1 Healthcare Associated Infection

Healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. You have a responsibility to comply with Trust policies for personal and patient safety and for prevention of healthcare-associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene including the 'naked below the elbow' approach, use of personal protective equipment and safe disposal of sharps. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about the application of practical measures known to be effective in reducing HCAI. The Trust has the responsibility of ensuring that adequate resources are available for you to discharge your responsibilities.

### 4.2 Safeguarding

The Trust has in place both a Safeguarding Children Policy and a Safeguarding Adults Policy in line with national legislation.

The Safeguarding Policies place a duty upon every employee who has contact with children, families and adults in their everyday work to safeguard and promote their welfare. In the event that you have concerns about possible harm to any child or adult you should contact your line manager immediately or in their absence your Assistant Divisional Director. Out of hours contact should be made with the on-call manager through switchboard.

The Trust has nominated Safeguarding Leads who act as contact points for support and advice if concerns are raised about a child or adult's welfare. These individuals can be reached through switchboard during office hours by asking for the Named Professionals for Safeguarding Children or Adults respectively.

The policies and procedures described below are located on the intranet and internet site and you should ensure you are aware of, understand and comply with these. In addition, the Trust will publicise and raise awareness of its arrangements and provide appropriate resources and training.

- CHFT Safeguarding Children Policy
- Safeguarding Board Procedures for West Yorkshire ([www.calderdale-scb.org.uk](http://www.calderdale-scb.org.uk) or [www.kirklees.gov.uk/safeguarding](http://www.kirklees.gov.uk/safeguarding))
- CHFT Safeguarding Adults Policy
- CHFT Procedure for Managing Allegations Against Staff

## 8. Equality Impact Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnership.

## 9. Health and Wellbeing

Good health & wellbeing results in better morale, involvement and motivation. Getting this right means a better place for us to work and better outcomes for patients.

Our strategy is to focus activities and offerings in four key areas:-

- Mental Wellbeing
- Physical Wellbeing
- Financial Wellbeing
- Environmental Wellbeing

## 10. LGBTQ+ & BAME



### 10.1 LGBTQ+

CHFT co-hosts successful first Pride in the NHS event

Comedian Rhona Cameron was the guest speaker at our NHS LGBTQ+ co-hosted with the RCN and NHSE in Leeds on 3rd July.

It was a learning and networking event and open to all NHS organisations across the North.

Scot Rhona - who appeared on the first ever Celebrity Get Me Out of Here - was the guest speaker. The day long event included workshops, a Q&A session and networking time.

Our paediatrician and associate medical director, Sal Uka, says: "I was really proud to be leading on this on behalf of the Trust, showing that equality and diversity is really important to us."

Our lead cancer nurse Christopher Button, said the day was "Powerful. Emotional. Inspiring". He added: "The day highlighted that appreciation and acceptance of equality and diversity, in this instance LGBTQ+ but essentially any difference, is key to achieving good quality of life for everyone."

Ruth Mason, our associate director of organisational and development, said: " It was such an inclusive day which reinforced our One Culture of Care. We want everyone to be confident of being themselves at work and knowing they are support."

Our Equality and Diversity manager, Nicky Hosty, said: " What a fantastic event. Education is fundamental to driving sustainable change. Sharing lived experience to promote understanding supports the compassionate approach. And, for me the message was, keep going even when the road gets tough."

### 10.2 BAME

CHFT have created a Bame Network to:

- Raise awareness around cultural diversities;

- Share knowledge and experience;
- Improve working lives of staff;
- Assist with identifying development needs;
- Provide a forum for linking into other staff network groups;
- Influence and support the organisations' policy and practice;
- Provide a forum to highlight common workplace issues for the organisation to address;
- Celebrate achievements;
- Connect with diversity at a people level, an organisational level and in shaping the development of policy within a constantly changing healthcare environment.

BAME Network members are from many different areas of the organisation and in various roles. New members are encouraged to join and we hope that you will add your voice in supporting the Trust's campaign to enhance the profile of it's BAME staff and patient community.

