

Calderdale and Huddersfield NHS Foundation Trust



### **1. Trust Profile**

- The Trust
- Our Digital Journey

### **2. Organisational Structure**

### **3. Divisional Services**

### **4. Diagnostic Support**

### **5. Clinical Governance**

- Medical Practice
- Professional/Clinical Development
- Clinical Governance (including Audit)
- Appraisal and Revalidation
- Research

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

### **7. Health and Safety**

### **8. Equality Impact Statement**

### **9. Health and Wellbeing**

### **10. Networks**

## 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”.**

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, vision of One Culture of Care underpinned by our four pillars.



**Our Vision:**  
Together we will deliver outstanding compassionate care for our patients and One Culture of Care for our colleagues

**One Culture of Care:**  
Caring for each other the same way we care for our patients.



**4 values supporting One Culture of Care**

**WE PUT PEOPLE FIRST**

**WE GO SEE**

**WE WORK TOGETHER TO GET RESULTS**

**WE DO THE MUST-DOS**



**Our Behaviours:**

- I'll step in other's shoes and I'll be kind, welcoming and helpful to all
- I'm committed to improving services and I'll go see examples of good practice
- I am respectful of others, I support diversity and inclusion
- I will role model the must do's to keep everyone safe and well

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust, providing acute and community health services.

More than 6000 colleagues provide compassionate care from our two main hospitals, the Calderdale Royal Hospital, and the Huddersfield Royal Infirmary, as well as in our community sites, health centres and in our patients' homes.

We serve two local populations; Greater Huddersfield which has a population of 250,000 people and Calderdale with a population of 220,000 people.

We provide a range of services including urgent and emergency care; medical; surgical; maternity; gynaecology; critical care; children's and young people's services; end of life care and outpatient and diagnostic imaging services.

We provide community health services, including sexual health services in Calderdale from Calderdale Royal and local health centres. These include Todmorden Health Centre and Broad Street Plaza.

In 2018/19 we cared for more than 119,000 men, women and children as inpatients (stayed at least one night) or day cases. There were also more than: 440,000 outpatient attendances; 150,000 accident and emergency attendances and 5000 babies delivered. There were some 260,000 adult services contacts by our community teams as well as 283,000 contacts with our therapy services

## **The Trust**

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

We are immensely proud of the healthcare services we deliver and want to ensure our hospitals and community services are able to continue to meet the high standards we set for quality, safety, and experience for all patients.

In December 2018 the Department of Health and Social Care awarded us £196.5m to invest in local health services at both Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI).

This is a significant investment and an opportunity to enhance services for our populations in Calderdale and Huddersfield and West Yorkshire for generations to come.

The reason we are proposing these developments is to:

- Provide better care for patients in modern, comfortable surroundings
- Deliver attractive buildings and surroundings
- Support delivery of leading-edge hospital services
- Provide exceptional working environment to attract and retain a highly skilled workforce
- Deliver one culture of care - caring for our colleagues in the same way that we care for our patients - ensuring colleague well-being remains a priority
- Be operationally and environmentally sustainable

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 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.

### **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 paper free 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 can take this information and applying the knowledge, intelligence, and experience of a much wider network. This means the system can suggest 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 other's 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.

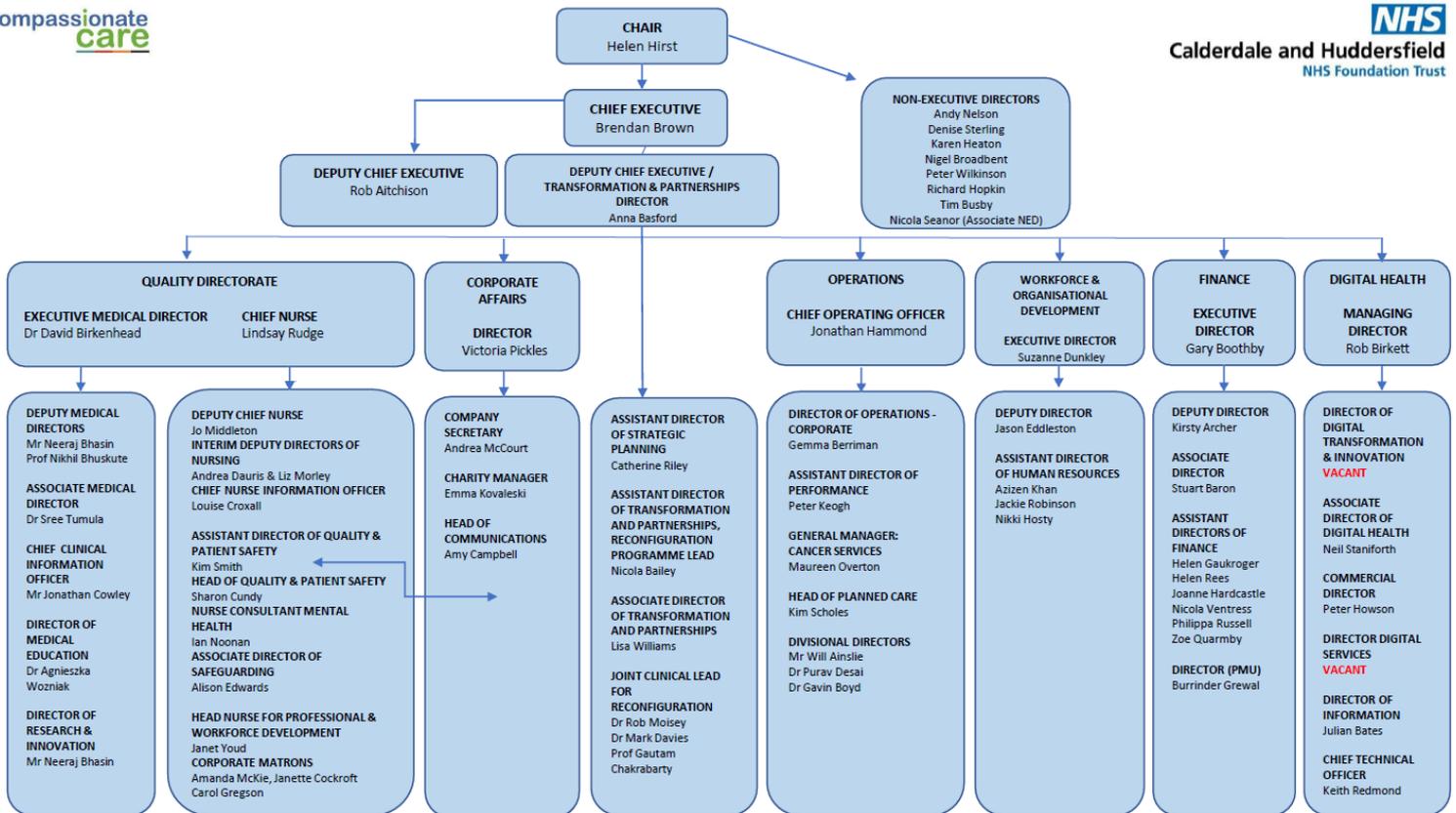
## Organisational Structure

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.



## Our Organisational Structure



# Operations – our four divisions

Surgical & Anaesthetic Services Division	Medical Division (inc A&E)	Families & Specialist Services Division	Community Healthcare
Divisional Director – Mr Will Ainslie	Divisional Director – Dr Eureka Desai	Divisional Director – Dr Gavin Boyd	Deputy Chief Operating Officer – Vacant
Director of Operations – Tom Strickland	Director of Operations – Helen Rees	Director of Operations – Stephen Shepley	Director of Operations – Michael Eason
Deputy Director of Operations – Laura Cooper	Deputy Director of Operations – Jason Bushby	Deputy Director of Operations – Gill Harries	
Associate Director of Nursing – Rachel Rae	Associate Director of Nursing – David Britton	Associate Director of Nursing – Simon Riley-Fuller	Associate Director of Nursing and Deputy Director of Operations – Liz Morley
Head Nurse for Surgery & Anaesthetics – Vacant	Head Nurse for Medicine – Vanessa Dickinson	Director of Midwifery – Diane Tinker Deputy Head of Midwifery – Vacant	
<b>Clinical Directors</b> Alison Waterworth General Specialist Surgical Services Mr Simon Sturdee Trauma & Orthopaedic Services Dr Shaheed Rahman Critical Care, CVAD and Pain Dr Marcus Beadle Operating Services, Theatres and Anaesthetics Ms Aletta Carbone Head & Neck Directorate (Eye Services, ENT, Oral/Maxillo-facial)	<b>Clinical Directors</b> Dr Yaqoob Ghumro Acute Medical Directorate Dr Sunil Soodwalker Medical Specialties Directorate Dr Andrew Hardy Integrated Medical Specialties Directorate Dr Huw Masson Emergency Care Network	<b>Clinical Directors</b> Dr Tahira Naeem Women's Services Dr Venkat Thiyagesh Children's Services Elisabeth Street Pharmacy Dr Anu Rajgopal Pathology Dr Simon Dennis Radiology	Caroline Lane Matron, Community Nursing
<b>General Managers</b> Ruth Lush Operating Services, Theatres, Anaesthetics, Critical Care and Pain Laura Cooper General Surgery, Urology and Head & Neck Jane Peacock Trauma & Orthopaedic Services Natalia Drapan Ophthalmology, Orthoptical and Optometry Services Sharon Berry Head & Neck Services (ENT, Oral & Maxillo-Facial, H&N Cancer, Audiology, Ward 8B CRH)	<b>General Managers</b> Chris Roberts Integrated Medical Specialties Directorate Sarah Bevan Acute Medical Directorate Dominic Bryan Medical Specialties Directorate Jason Bushby Emergency Care Julian Chadha RPA (Robotics)	<b>General Managers</b> Gill Harries Children's Services Gill Harries 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> Diane Marshall	<b>HR Business Partner</b> Lisa Whitely	<b>HR Business Partner</b> Leigh-Anne Hardwick	<b>HR Business Partner</b> Lisa Whitely
<b>Matrons</b> Karen Farrar Quisva Ilyas-Cariera Sarah Bray Sarah Wallwork Sue Thompson Tracy Burland	<b>Matrons</b> Charlotte Bowdell Chris Lord Tyrer Debbie Gibbon Helen Hodgson Jayne Robinson Liane King Lisa Wilkinson Liz Wilby Rachel Garside Rhys Edwards Stacey Cartwright Vanessa Dickinson	<b>Matrons</b> Julie Mellor Fiona Kaye Rachel Roberts Michelle Jones	<b>Matrons</b> Caroline Lane Sue Scriven

## 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 – Brendan Brown
- Acting Chief Operating Officer – Jonathan Hammond
- Director of Nursing– Lindsay Rudge
- Director of Finance – Gary Boothby
- Medical Director – David Birkenhead
- Executive Director of Workforce and Organisational Development – Suzanne Dunkley
- Director of Transformation and Partnerships – Anna Basford
- Managing Director of Digital Health – Rob Birkett
- Director of Corporate Affairs – Victoria Pickles

## **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.

## **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.

## **Clinical Governance**

### **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.

### **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.

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

There is a wide-ranging Clinical Governance Programme across many specialties 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.

### **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 form 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.

### **Research**

The Trust is committed to delivering outstanding care to our patients, this means providing access to new and novel treatments through our participation in clinical research. We would like all CHFT colleagues to share our ambition to deliver excellent outcomes and compassionate care through research that, not only advances science, but enhances our services, promotes economic growth and ultimately, enhances the health and wellbeing of our population. As such, the Trust's Research Strategy encourages all clinicians, nurses, midwives & Allied Health Professionals (AHP) to embed research in every-day practice and 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 with a highly skilled delivery infrastructure that provides support to an extensive portfolio of research studies. We encourage and develop colleagues to lead research as Principal Investigators and this enables us to co-ordinate over 100 research studies at any time to increase opportunities for our patients. New research investigators will have access to our dedicated research governance and delivery teams who will provide expertise and support.

Investigators will have access to the NIHR's 'An Introduction to Good Clinical Practice' (GCP) training course, the Trust's R&D 'Study Delivery Programme' and 'PI Mentorship Programme'.

## Learning and Development Facilities

There are 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.

## 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.

### 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.

### 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

## 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.

## 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

We have lots of wellbeing support for colleagues including:-

**Care First.** Support when you need it the most – 24hrs a day, 365 days a year. Whatever you need support with, whenever you need it, Care First can provide confidential advice, guidance, help and support.

**Friendly Ear** – Listening service for all CHFT colleagues. Offering support and signposting to self-help resources and specialist support services.

**Halsa** – sessions delivered by specialist external trainers covering a wide variety of topics such as reflexology, yoga techniques, meditation, self-care for Carers

**Health and Wellbeing Risk Assessment**

**Wellbeing Advisors**

**Mindfulness and Chaplaincy**

**Freedom to Speak Up Network**

**Schwartz Rounds**

## COLLEAGUE ENGAGEMENT AND NETWORKS AT CHFT

### Colleague Engagement – what is it?

Colleague engagement is about listening to and sharing our ideas so that we take action and actually do *stuff* which improves patient care and the organisation that we work in.

Great colleague engagement is when everyone knows that we can add our bit and has a ‘feel good’ factor when we help deliver compassionate care. It means that we make the best decisions and have a place to work that feels open, and honest; where we aren’t shy about saying how we feel, where we can suggest good ideas; and where we knew we’ll be supported if we pick up on other people’s behaviour that isn’t OK. OK. We want to make the best contribution to compassionate care that we can, and this means that we will be contributing to making our Trust a

successful organisation too. We reckon that all of this will give us an improved colleague engagement score in our National Staff Survey and of course, show in all the fantastic, high quality compassionate care for our patients!

### **Why is it important?**

So why is engagement so important? Well, when working in a healthcare setting this means that the important of colleague engagement is heightened in order to provide the best possible compassionate care for our patients. **Organisations with high levels of employee engagement are more efficient and effective, and that highly engaged employees:**

- Are more customer focused, find they are more creative at work, and take less time off sick.
- Care about the future of their organisation and put in greater effort to help it meet its objectives.
- Feel proud of the organisation they work for and are inspired to do their best and motivated to deliver the organisation's objectives.

We know that when people feel engaged, valued and involved in work, it has a direct impact on the organisation's 'business'. Our business is delivering high quality, compassionate care to our patients. So, being fully engaged means that we are all contributing to the health, recovery and wellbeing of our patients!

### **We have a number of networks here at CHFT**

#### **Pride**



At CHFT we have a Pride Network, the group aims to ensure that colleagues have a safe space, a means of support, but also a voice in how the organisation supports the community, which should positively impact on care of patients.

Whilst we are focused on the community, we recognise colleagues may contact the network for support when they have a LGBTQ+ relative or friend, and we actively encourage allies to join to widen the support network available to staff.

The group meets virtually every 8 weeks via Microsoft Teams and is open to all colleagues whether they are a member of the community or wish to participate as an ally

#### **BAME (Black Asian & Minority Ethnic) Network**

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 its BAME staff and patient community.

- To raise awareness around cultural diversities.
- To share knowledge and experience.
- To improve working lives of staff.
- To assist with identifying development needs.
- Provide a forum for linking into other staff network groups.
- To influence and support the organisation's policy and practice.
- To provide a forum to highlight common workplace issues for the organisation to address.
- To celebrate achievements.
- To connect with diversity at a people level, an organisational level and in shaping the development of policy within a constantly changing healthcare environment.

### **Freedom to Speak up Network**

We have a Trust Freedom to Speak up Guardian, Andrea Gillespie, who is supported by a number of Ambassadors across the Organisation who give their time to help resolves concerns and queries



that are raised.

### **Colleague Disability Action Group (CDAG)**

This group is all about pulling together and taking action to ensure one culture of care is wrapped round colleagues who have a disability/difficulty. The group is focusing on three main areas of change: raising awareness of invisible disabilities so we can all be more educated and therefore more compassionate, influencing the build of management toolkits to ensure our leaders are best equipped to support all team members, and making sure our colleagues feel comfortable identifying their disabilities on our Electronic Staff Records so the Trust can best support them.

### **Women's Voices Network.**

This is a relatively new network that was established after a really successful International Women's Day. The group created a safe space to share experiences and support each other all year. The forum is slightly different in that each session is based on a different topic with different speakers each time. Topic examples are "overcoming imposter syndrome" and "menopause".

### **Armed Forces Covenant**

The group is awarded silver level due to their committed support to Defence Employer Recognition Scheme. The award highlights how we actively ensure that our workforce is aware of our "positive policies towards defence people issues" and work to maintain that no service personnel/armed forces community are unfairly disadvantaged as part of our recruiting and selection processes. The group is focusing on sustaining this accreditation and is a safe space to 'pull up a sandbag' and share stories/experiences.

### **BAME Nurses and Midwives network**

This network is fairly new and is chaired by our Executive Director of Nursing, Ellen Armistead. As our BAME network is so big, some of our colleagues felt that they were unable to share concerns in such a large group. Some colleagues also felt they had concerns specific to nursing and midwifery so would benefit from having their own platform to elevate their voices. Our current focus in this network is on development, retention, health and well-being. The trust has recognised the massive contribution BAME nurses and midwives have made but also recognise some have had poor experiences so we are keen to use this space to find out what we can do to better these.

### **International Colleague Network**

Provides a safe space for open discussion. Starting a new job can be difficult at the best of times never mind moving to a whole new country as well. We have set this forum up to make sure that all of our colleague's transitions into their new role and environment are as smooth as possible. We encourage both new and established colleagues to attend these meetings as we will be able to gain insight from previous on boarding experiences and see what worked well and what needs improvements.

### **Carers Network**

Caring for someone can happen to anyone of us at any time. Someone in our family might develop dementia, our partner might experience depression, a child might be diagnosed with autism or born with a learning disability, a close friend could be diagnosed with cancer an elderly neighbour may be struggling to manage their day-to-day life without close family.

Whether you're providing care directly yourself or arranging professional care, looking after someone might involve help with shopping, cleaning, cooking, doing the laundry, assisting with medication or helping with appointments.

It can also involve things like helping them to move around, as well as emotional support, arranging and checking on professional care, attending meetings, financial support, washing/bathing.