HEALTH PROMOTING HEALTH SERVICE (HPHS)

**Action plan template – HPHS CMO (2018) 3: HPHS Baseline self-assessment 18/19**

**Please submit your self-assessment report by Friday May 31st May 2019 to:**

[**nhs.healthscotland-hphsadmin@nhs.net**](mailto:nhs.healthscotland-hphsadmin@nhs.net)

**The baseline self-assessment evidence should be undertaken during 2018/19 with action plans subsequently developed.**

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| **REQUIRED SUBMISSION DETAILS** | |
| **NHS Board** | National Waiting Times Centre Board |
| **Submission date** |  |
| **HPHS Lead** | Theresa Williamson Exec Leads Anne Marie Cavanagh & Gareth Adkins |
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| **Action plan contributors** | Quality, People and Innovation Director Spiritual Care & Diversity Lead  Employee Director Occupational Health Nurse  Head of Performance and Planning Interim Rehab Manager  Estates Officer Clinical Nurse Manager OPD  Associate Nurse Director Learning and Organisational Development Manager  eHealth Programme Manager Nurse Director  Acting Booking Office Manager Hotel Manager  Catering Operations Manager |

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| **Leadership; embedding HPHS in core business** | | | | | | |
| **OUTCOME 1 -** Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such. | | | | | | |
| **INDICATORS (National)** | | | | | | **Self-assessed score**  **(0, 1, 2, 3)** |
| 1. There is an evidence-based, resourced plan for embedding prevention, improving health and reducing health inequalities activity in the organisational structure, and systems and processes. For example, it is monitored through existing, local governance and performance arrangements. | | | | | | 1 |
| 1. The increased emphasis on prevention, improving health and reducing health inequalities is championed by senior staff and supported by effective communications and engagement with staff and trade unions. | | | | | | 2 |
| 1. Clinical and non-clinical staff are clear about their respective roles and responsibilities and the CPD and wider resources available to them to support the delivery of prevention, health improvement and inequalities activities. | | | | | | 1 |
| 1. There are robust arrangements in place for monitoring and evaluating the impact of prevention, heath improvement and inequalities activity on patient and staff outcomes. Where data and systems need to be developed and/or improved, there is senior support and plans for doing so - for example, IT systems for referrals and audit. | | | | | | 1 |
| 1. There is a plan for embedding prevention, health improvement and inequalities within action to address local clinical priorities, and aligned to existing and planned health and social care initiatives and transformational programme changes. | | | | | | 0 |
| **LOCALLY IDENTIFIED INDICATORS *(Optional)*** | | | | | | |
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| **Indicator**  **e.g. 1.2** | **Locally identified gaps** | **Action planned** | **Lead and contributors** | **Timescales** | **Identified issues/ interdependencies** | **Progress** |
| 1.1 | The Board does not have a Public Health remit and does not work as an IJB, however we acknowledge that every health encounter has within it the opportunity to improve health and reduce health inequalities. At present, planning to embed the progression of any such opportunity is not systematised, and therefore not measured. | Health Inequality added to the remit of the Equalities Group for the Board.  Work will be undertaken to raise general level of understanding regarding health inequality.  Systems, structures and operative planning will consider the impact and opportunities associated with health inequality  Governance through Equalities Group  Person Centred Committee | HPHS Lead  Members of Equalities Group | Ongoing | Equality activity for other protected characteristics across the Board. |  |
| 1.2 | As an identified objective for the Board, Executive staff champion the importance of prevention, improving health and reducing health inequalities, this is communicated to partnership forums. The next phase is to agree the best approach to improve the delivery of these three goals | Working with Partnership colleagues approaches will be agreed to improve the understanding and then operationalisation of actions related to health promotion and health inequalities understanding in a suitable way for the Boards patient populations and staff.  Governance through Equalities Group  Partnership Forum | HPHS Lead  Employee Director  Staff side | Jan 2020 |  |  |
| 1.3 | Nurse Clinical Education has commenced a limited programme of training, with resources available.  Other clinical and non clinical areas will be encouraged to include the relevant content. | The subject lead, with support from L&OD will review training requirements and make appropriate training available  across the Organisation  Governance through Workforce Education Steering Group  Equalities Group | Board HPHS Lead  L&OD  Clinical Educators | December 2019 | Undertaken as part of Equalities programme |  |
| 1.4 | Organisation Electronic Patient Record is still in the design phase. It will have the capability to deliver reports related to Health improvement and health inequality intervention actions and outcomes | Progressed as part of ePR development programme  Governance via ePR Steering Group and Project Board | ePR Implementation teams working with Clinical experts  Information Services teams will develop reporting as part of ePR overall development | Phased approach  Completing 3rd quarter 2020 | Timings dependent on design solution for clinical pathways |  |
| 1.5 | N/A |  |  |  |  |  |

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| **Patient pathways; needs assessment and referrals; building capacity.** | | | | | | |
| **OUTCOME 2 -** Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions. | | | | | | |
| **INDICATORS (National)** | | | | | | **Self-assessed score**  **(0, 1, 2, 3)** |
| 1. The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. In due course, activity should be reviewed to take account of forthcoming national public health priorities. | | | | | | 1 |
| 1. Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice. | | | | | | 1 |
| 1. To build and sustain clinical leadership, relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. Ensuring that engagement and leadership are aligned to systems for prevention, health improvement and inequalities to support local clinical priorities. | | | | | | 0 |
| 1. Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place. | | | | | | 1 |
| 1. In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, employability, food poverty and carers’ support. | | | | | | 1 |
| 1. The organisation has a structured approach to partnership working with public and voluntary sector partners to jointly plan and resource the provision needed to meet patient needs. | | | | | | 2 |
| **LOCALLY IDENTIFIED INDICATORS *(Optional)*** | | | | | | |
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| **Indicator**  **e.g. 1.2** | **Locally identified gaps** | **Action planned** | **Lead and contributors** | **Timescales** | **Identified issues/ interdependencies** | **Progress** |
| 2.1 | The GJF has examples of pathways to a range of health improvement and health inequalities services. The opportunities to progress interventions are not universally embedded at present. Due to the specific nature of the GJF work, the approach that will be taken is that opportunities to identify health promotion and health inequality interventions will be embedded in every persons admission document, therefore at the beginning of their journey with the GJF. | The newly designed ePR will be built to identify opportunities and guide decision making as to how to progress or sign post to support networks within referral Boards or in the 3rd sector.  Governance via ePR Steering Group and Project Board | Clinical Experts within the ePR Development team | Phased approach  Completing 3rd quarter 2020 | Significant change management required  Need for consistent clinical leadership  Require modern technical solution |  |
| 2.2 | There is promotion of local and national training for a limited group of staff.  AS part of the introduction of the ePR, targeted training will be undertaken with specific staff groups. | The staff who will be involved most closely with the beginning of the patient journey, whether that be clinical or Administrative staff will have focused support, designed to ensure staff have confidence to enquire further when a health inequality or improvement opportunity becomes apparent  Governance via a report to the Equalities Group  Nurse Directors Group | Clinical Educator OPD  Team Leaders in Booking Office | Phased approach  Completing 3rd quarter 2020 OPD element implementation date prior to this but not confirmed. |  |  |
| 2.4 & 2.5 | The GJFH does not have a fully developed Electronic Patient Record (EPR) | Develop EPR  Governance via ePR Steering Group and Project Board | Clinically lead at senior level with governance structure in place with clear line of responsibility and accountability | Phased approach  Completing 3rd quarter 2020 | Significant change management required  Need for consistent clinical leadership  Require modern technical solution |  |
| 2.6 | We do not have a direct community to connect with as a national board. However many conditions our patients contend with are supported by local 3rd sector organisations. | Increase the use of virtual collaborations and develop memorandum of understandings with them to evidence genuine partnership working.  Governance via the Volunteers Forum | Spiritual Care and Diversity Lead, Volunteer Services Manager, GCIL Placement students | Ongoing with significant progress by 3rd quarter 2020 anticipated | The issue of being a national board within the region of GGC territory however the opportunity of this too |  |

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| **Staff Health and Wellbeing** | | | | | | |
| **OUTCOME 3 –** All staff work in an environment that promotes physical and mental health, safety and wellbeing. | | | | | | |
| **INDICATORS (National)** | | | | | | **Self-assessed score**  **(0, 1, 2, 3)** |
| 1. The organisation has a strategy for prevention of ill-health, health improvement and inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health. | | | | | | 1 |
| 1. The strategy is developed in the context of wider staff policies and is based on a robust understanding of local staff health profile and the key contributors to ill-health. Short, medium and long term actions are developed with staff and relevant services, such as Occupational Health. | | | | | | 2 |
| 1. The organisation has an evaluation framework to support the strategy and monitor impact should be developed. | | | | | | 2 |
| 1. In line with national Staff Governance[[1]](#footnote-1) and Workforce 20:20[[2]](#footnote-2), staff feel able to raise their own health issues and are aware of the support available. To improve equity in health outcomes, the organisation should specifically address the needs of harder to reach staff who do not traditionally take up health improvement support; e.g. those who are lower paid, higher risk of sickness absence, etc. | | | | | | 2 |
| **LOCALLY IDENTIFIED INDICATORS *(Optional)*** | | | | | | |
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| **Indicator**  **e.g. 1.2** | **Locally identified gaps** | **Action planned** | **Lead and contributors** | **Timescales** | **Identified issues/ interdependencies** | **Progress** |
| 3.1 / 3.2 & 3.3 | The Staff health and Wellbeing Strategy is under development. When completed it will bring the organisations self assessment up to a 3 | Continue with Wellbeing Strategy  will require sign off from SMT and Board | Quality People & Innovation Director | September 2019 | Part of overall Board Strategy |  |
| 3.4 | A variety of health improvement support is available to the organisations teams. The support is personalised and freely available.  Targeting the specific needs of harder to reach groups will be a development for the OH support delivered within the organisation. | Development of a local approach through the OH department to proportionately target the needs of harder to reach staff, together with a reporting mechanism. Continuation of person centred MSK approach via AHP dept.  Governance via reports to the Health & Safety Committee | OH Leads  AHP Representative  Partnership representatives  HR  Hotel Wellbeing Leads | Ongoing project | Availability of staff to be released. |  |

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| **Transforming the hospital environment** | | | | | | |
| **OUTCOME 4 –** Thehospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors. | | | | | | |
| **INDICATORS (National)** | | | | | | **Self-assessed score**  **(0, 1, 2, 3)** |
| 1. The organisation, while maintaining existing hospital food standards in relation to retail, catering and trolley services as well as patient food, strives to improve the hospital experience by offering healthier choices[[3]](#footnote-3). | | | | | | 2 |
| 1. The organisation has introduced relevant criteria to areas not yet in compliance, in particular around vending, hospitality, pop-up shops and mobile vans operating in their areas. The organisation must be able to demonstrate that affordable, healthy options are available at any point of the day, including for those staff working night shifts. | | | | | | 2 |
| 1. The organisation can demonstrate that opportunities for physical activity (including active travel) in both the indoor and outdoor estate are available and are promoted to patients, staff and visitors. | | | | | | 2 |
| 1. The organisations can demonstrate that staff and contractors are appropriately trained and supported to provide advice and guidance for staff, visitors, contractors and patients who attempt to smoke on hospital grounds. | | | | | | 3 |
| 1. In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain. | | | | | | 3 |
| **LOCALLY IDENTIFIED INDICATORS *(Optional)*** | | | | | | |
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| **Indicator**  **e.g. 1.2** | **Locally identified gaps** | **Action planned** | **Lead and contributors** | **Timescales** | **Identified issues/ interdependencies** | **Progress** |
| 4.1 | The Organisation will work towards becoming an exemplar in their offer of healthier food options for retail. A Review into an optimised vending service is at present underway.  Catering for patients maintains a high standard with positive feedback from patients and families | Complete catering review into Hospitals vending provision.  Commence vending contractual arrangements as identified  Monitoring and feedback mechanisms established via Person Centred Committee | Hotel Manager  Catering Operations Manager  Volunteer Manager | 4th Quarter 2019 |  |  |
| 4.2 | The hospital will maintain full compliance with retail outlets operating under local management.  Retail standards for “pop – up” shops etc will be addressed when there is National agreement | Attendance at National catering Service Expert Groups to agree national approach to vending outwith retail establishments within hospitals  Reports to Senior Facilities Management Group | Catering Operations Manager | Quarterly updates |  |  |
| 4.3 | The organisation will develop monitoring arrangements and will deliver data to describe uptake of physical activity opportunities associated with harder to reach staff | Included within Wellbeing Strategy, which once signed off will develop measurement mechanisms  Governance via reports to Person Centred Committee | Occupational Health AHPs  Human Resources staff | September 2019 |  |  |

1. <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/> [↑](#footnote-ref-1)
2. <http://www.workforcevision.scot.nhs.uk/> [↑](#footnote-ref-2)
3. Retail and trolley provision must follow the [Healthcare Retail Standard](https://www.scottishshop.org.uk/healthy-living/healthcare-retail-standard-guide), catering must follow the [Healthy living Award Plus](http://www.healthylivingaward.co.uk/documents/173). [↑](#footnote-ref-3)