**CMO (2015) 19 letter: HPHS Reporting Template   
Year 2 – 2016/17**

**Please submit your annual report by Friday September 29th 2017 to:**

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

**All annual report evidence submissions should report on actions undertaken between: April 1st 2016 – March 31st 2017.**

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**All annual report evidence submissions should report on actions undertaken between: April 1st 2016 – March 31st 2017.**

**Required submission details:**

|  |  |
| --- | --- |
| NHS Board | National Waiting Times Centre |
| Submission date | 29th September 2017 |
| HPHS Lead | Anne Marie Cavanagh |
| Contact email address | Annemarie.cavanagh@gjnh.scot.nhs.uk |
|  |  |
| List all hospital sites represented within the submission (specified by site category). | |
| Acute | Golden Jubilee National Hospital  (single site) |
| Community | N/A |
| Maternity | N/A |
| Paediatric | N/A |
| Mental health | N/A |
|  |  |
| List all hospital sites not included in this reporting (specify category as above) and brief rationale. |  |

**Summary questions**

|  |
| --- |
| 1. Describe what went well in the delivery of HPHS in 2016/17 and provide examples. |
| We have continued to embed and further develop our approach to Staff health and well being with a variety of initiatives. These cover healthy living and activity, as well as mental health and well being. There has been an increase over the period of options for staff with incentives for using the hotel fitness facilities as well as options from occupational health to raise staff awareness of living well and signposting to a wide variety of services.l  We are delighted we have sustained our Healthy living plus awards within the Board run catering outlets.  Over the period we have developed plans for a ‘centre for health and well being’ and this will be reflected in future HPHS submissions.  All Occupational Health initiatives, Government health campaign messages, and local healthy opportunities are publicised through our normal communication channels both in digital and hard copy. |
| 2. Describe barriers to progressing the delivery of HPHS in 2016/17 and describe how you have, or plan to overcome them. |
| The referral patterns for our Board often mean that the patient is presented to us already some way into their patient pathway having been through other Health Boards throughout Scotland. The maximum impact of the health promotion message may not be best served at the final stages of a pathway, however we strive to ensure patients are informed at pre-operative assessment and, following brief interventions, sign posted on discharge. We are continuing to embed this approach with the clinical teams to overcome some of the challenges with clinical engagement with the HPHS agenda. |
| 3. Describe how you have built on activity reported in previous years and what monitoring arrangements have been put in place monitor and demonstrate impact. |
| We continue to refine reporting activity across the dimensions in the HPHS work plan. Our over arching eHealth Strategy and Electronic Patient Record (EPR) development will incorporate HPHS activity as part of patient pathways.  Previous activity has been consolidated within the Board. We have had a consistent  message around health improvement for patients and staff. |

**Recommended improvement areas for action from 2015/16 feedback report**

|  |  |
| --- | --- |
| **Section A: Recommended improvement areas for action from 2015/16 feedback report** | |
| **Improvement area for action**  **(2015/16 feedback report)** | Provide a short narrative with evidence on how the Board is progressing in each improvement recommendation.  (Provide lead contributor’s name and job title for each improvement area) |
| We encourage Boards to build in the measurement of impact of HPHS within any relevant strategic, or commissioning and implementation plans. | **Susan McLaughlin :**  **Clinical Lead, Hospital Expansion Programme** |
| The announcement in the Health and Social Care Delivery Plan (Dec 2016) of investment in new elective treatment capacity and expansion of the Golden Jubilee National Hospital by 2021 has led to the development of a programme team to ensure high quality and adequate provision of elective care services to meet the needs of the ageing population.  Initial planning has identified the need to seek early participation from stakeholders involved in each phase of expansion. Patients, volunteers, staff and representatives from the third party sectors have been invited to engagement workshops and feedback from the sessions will be used to shape and improve the current service provision. Examples of planned stakeholder events are:  (i) involvement in design statement workshops and  (ii) participation with the AEDET assessment specifically concentrating on access and patient and staff environmental factors. Questionnaires from patient and service users about our current service will also enable the programme team to identify areas for improvement for the new facilities and this would incorporate travel plans in partnership with the local authority. |
| We encourage Boards to consider a prevention approach to health and wellbeing, including effective interventions and impact. The collection of data for a range of measures/ indicators, including wellbeing indicators and not just staff sickness absence rates, may be helpful. | **Lead contributors**  **Gary Rice, General Manager - GJCH:**  **Brenda Proud & Marie Smith, Occupational Health Nurses**  **Pamela Mailler, Head of Support Services** |
| We have launched our our Centre for Health and Wellbeing as part of the Golden Jubilee Foundation.. This Centre is designed to support health and wellbeing of staff, patients, and the local community and is being led by a multidisciplinary team across the Golden Jubilee Foundation. Attendance includes Nursing, Comms, Hotel, Rehabilitation, Occupational Health, Partnership, Employee Director, Spiritual Care and HR. Promotion of wellness and looking at ways to improve the general wellbeing of our staff ideally linking this to absence and iMatter in terms of ‘how staff feel’. We are also utilising our Motion analysis lab to increase our data for improvement to research and also supporting staff on the fitness challenge to see if there has been an improvement in this area which includes balance and core. We provide fitness classes and sign-post staff to be more pro-active in supporting health and wellbeing for current staff and planning for expansion.  Occupational Health had a month long period where staff were offered mini health checks to help with identifying any issues with Cholesterol, Glucose, Blood Pressure and were given the opportunity to discuss any health concerns they may have. This was also used as an opportunity to promote health and wellbeing to each individual with a wide range of information available to take away. There are various health and wellbeing campaigns throughout the year including some interactive sessions to encourage employees to consider their own health and wellbeing.  Cognitive Behaviour Therapy is available for employees through various media including face to face, telephone and web based resources.  Catering Department GJNH- we continue to work within the guidelines of the Healthy Living Plus criteria to ensure that the produce we offer within the dining room remains 75% compliant as per the national criteria.  Catering have regular ‘specials’ on offer and a range of these also cover the HL Plus criteria, other Special events attract a lot of interest from staff and visitor alike because it gives them a wider variety of healthy choices.  We provide a fruit bar with at least 7 different types of fresh seasonal fruit , also a salad bar is on offer 7 days a week, which offers staff and visitors a variety of salad items, also on offer is a choice of cold meats, and protein salad items.  The shop and hospital retail trolley service has successfully worked towards and achieved the Scottish Grocer Federation (SGF) criteria for Health Care Retail Standards. |
| The Board is encouraged to continue building key partnerships to offer a wider range of physical activity options for people with difference needs. | Lead contributor (name & job title): |
| We are working with West Dunbartonshire council over joint leisure initiatives and also to consider all aspects of public transport as well as cycling and walking routes that are accessible to all. As part of our person centred approach we have a partnership with the Health Council and activity options are considered as part of this. We have walking routes which are suitable for users of varying activity levels including wheelchair users. |
| We encourage the Board to continue with its efforts of ensuring that staff are aware of financial inclusion services and signposting patients to them. | Lead contributor (name & job title): **Communications Team** |
| Citizens advice attended for a period of time giving employees, patients and significant others the opportunity to discuss any issues/concerns they may have. This included sign posting to other relevant services and organisations.  The Energy Trust have had a stall within the hospital providing information on various aspects of energy efficiency, highlighting fuel poverty and how to overcome this  The Golden Jubilee Foundation is also a West Dunbartonshire recognised foodbank collection centre. |

Complete the exception table below where you have been unable to provide the requested evidence:

|  |  |
| --- | --- |
| Improvement area for action | **Section A: Recommended improvement areas for action from 2015/16 feedback report**. Exception submitted:  ***(Limit each entry to 200 words)*** |
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|  |  |

**Embedding health improvement into clinical practice:** Lead contributor

|  |  |
| --- | --- |
| Name | Kathryn Macpherson |
| Job Title | Senior Physiotherapist |

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| **Section B: Embedding health improvement into clinical practice** | | | | |
| **Action 3**  **(Revised)** | Clinical and medical leadership for health improvement delivery. | | | |
| **A.** Describe how your Board is ensuring clinical and medical leaders take ownership and responsibility for the delivery of health improvement in their clinical areas. | | | We have a dedicated Occupational Health Physiotherapy team who are delivering health promotion activities to staff throughout the year. The 2016-17 campaign has involved making department by department visits to deliver educative talks on Active Living, collecting data relating to how active our staff are in relation to recommended activity levels for health benefit, and signposting staff to various exercise avenues/services across different capability levels.  Within GJNH we undertake complex arthroplasty revision surgery. Due to the required medical and surgical management, these patients can remain as inpatients within GJNH for several months.  It was identified that these patients, while receiving excellent nursing and medical care, were feeling isolated and experiencing low mood as a result of having minimal non medical contact and minimal access to normal conversations, peer support and meaningful activities.  The Occupational Therapy Longer Stay Group was created to allow patients a time out of their single rooms, interact with other patients, give and receive peer support and to engage in normal / meaningful activities. | |
| **B.** Evidence of sustained health improvement practice by hospital staff. | | | The group has received excellent feedback from patients and staff, with patients reporting beneficial results on mood and isolation following attendance | |
| **Action 26 (Revised)** | | All Managed Clinical Networks (MCNs), or equivalent, are aligned with HPHS and promote the use of health improvement pathways amongst clinical staff, with the appropriate support. | | |
| **A.** Narrative providing: Assessment of progress towards embedding health improvement (topic specific e.g. smoking cessation, physical activity or weight management or generic health behaviour change) within clinical pathways; and the monitoring arrangements for this. | | | | As a Board we do not host any Managed Clinical Networks; however our Clinicians do contribute to some of these at neighbouring Boards as part of the patient pathway. These include Cardiology & Lung Cancer. |

Complete the exception table below where you have been unable to provide the requested evidence:

|  |  |
| --- | --- |
| Action (provide number and any assigned letter) | **Section B: Embedding health improvement into clinical practice**. Exception submitted:  ***(Limit each entry to 200 words)*** |
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**Inequalities sensitive practice:** Lead contributor

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |

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| --- | --- |
| **Section C: Inequalities sensitive practice** | |
| **Action 28** | All NHS Boards will plan and deliver hospital services that ensure routine enquiry for vulnerability is built into patient care and, therefore, those at risk of poverty or inequality attain the best possible health outcomes.  Boards are asked to focus efforts on priority settings: paediatrics, maternity, neurology, cancer, cardiology, mental health, respiratory and/or HIV and Hepatitis C. |
| **A.** Provide a description and examples of inequalities sensitive practice in hospital settings. This can include routine enquiry in assessment of vulnerability through:   * Asking patients if they have money worries and offering a direct referral to advice services * Support for patients who are, or at risk of, homelessness * Support in access to services for vulnerable groups or examples of hospital based inequalities sensitive practice (established or emerging). | |
| GJ Interventional cardiology provides tertiary care for patients from the West of Scotland Region. All patients admitted to Interventional Cardiology are assessed for health care needs and any health inequalities identified. For relatives of patients, who themselves may be vulnerable, transportation is supported and if required overnight accommodation can be provided. For example, via emergency admission, any needs would be defined and onward transfer to the patient’s base hospital would include a detailed handover and assessment of particular needs for that patient.  Patients admitted to the SNAHFS, SACCs and SPVU are assessed for health and social needs on an individual basis to identify any health inequalities. Patients are supported by Specialist nursing teams who identify through discussion additional support that is required. The team have developed strong links with the Citizens advice team who are happy to offer any social and financial advice to patients regardless of their area of residence. Working across social care has allowed easier access to potential benefits and community services. The teams also work closely with the hospital discharge team, who have close links with outlying social services departments.  Within the SNAHFs team there is a Consultant Psychologist who carries out psychological assessment of SNAHFs patients and follows up patients who require ongoing psychological support. This is not available routinely for the SACCs and SPVU patients, however where specific patients have been identified as requiring psychological support, this has been supported.  The MDT meetings also highlight and discuss individual patient needs and identify support required.  There is support for patients with hearing problems and the dementia nurse specialist / AHP & Nursing dementia champions are available for consultation to support patients/staff requiring more support. Post transplant patients are living longer and as a result, patients present with cognitive impairment. The clinic nurse works closely with families and the patients GP to source local support. | |
| **B.** Evidence of actions within your health inequalities strategy and/or community planning structures which demonstrate to what extent inequalities sensitive practice is implemented in the hospital sector. | |
| Our Equality Outcomes for 2017-20 contain a commitment to:   * Review and improve activity and training around protected characteristics to increase awareness of health inequalities issues affecting user groups. * Undertake exercise to improve the quality and completeness of monitoring data held on service users; and undertake a review of demographics per clinical speciality to have an oversight of the patient populations. * Use of improved patient population data to inform inequalities sensitive care. * Review impact of AMT4 screening and implementation of dementia related services for patients being admitted. | |
| **..Action 29** | Provide a narrative on your assessment of the **impact** of inequalities sensitive practice.  **Note:** If you are unable to submit evidence on impact, report activity underway to build this area of activity. |
| **A.** Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of **500 words/1 page**: | |
|  | |

Complete the exception table below where you have been unable to provide the requested evidence:

|  |  |
| --- | --- |
| Action (provide number and any assigned letter) | **Section C: Inequalities sensitive practice**. Exception submitted:  ***(Limit each entry to 200 words)*** |
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**Mental Health:** Lead contributor

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| --- | --- |
| Name | Not Applicable for this Board. |
| Job Title |  |

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| **Section D: Mental Health** | | | | | |
| **Action 30** | All users of mental health services (with a diagnosis of severe and enduring mental illness) have an assessment for physical health on admission and an action plan for health improvement should be incorporated into their care plan.  All discharged patients should have an action plan for physical health contained within their care plan, which informs community care and treatment. | | | | |
| **A.** Name of lead(s) | | 1. (strategic) | | 2. (operational) | |
| Professional role | |  | |  | |
| NHS Board or hospital site | |  | |  | |
| **B.** Number of staff trained to promote physical health | | | | | |
|  | | (i) Undertaking physical health assessments | (ii) Developing action plans to support health improvement | | (iii) Responsible for both assessments and action plans |
| Total number of staff trained to promote physical health: | |  |  | |  |
| Name and format of course/module | |  | | | |
| Role of staff completing training | |  | | | |
| **C.** Patient documentation | | | | | |
| Provide details confirming that relevant patient documentation has been revised to record physical health and action plan for health improvement. | |  | | | |
| **Action 31** | Provide a narrative on your assessment of the **impact** of mental health actions.  Frame your narrative to reflect impact on patient-centred care and if appropriate, also an impact on staff health and wellbeing and the hospital environment.  **Note:** If you are unable to submit evidence on impact, report activity underway to build this area. | | | | |
| A. Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of **500 words/1 page**: | | | | | |
|  | | | | | |

Complete the exception table below where you have been unable to provide the requested evidence:

|  |  |
| --- | --- |
| Action (provide number and any assigned letter) | **Section D: Mental Health**. Exception submitted:  ***(Limit each entry to 200 words)*** |
|  |  |
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**Innovative and emerging practice:** Lead contributor

|  |  |
| --- | --- |
| Name | Gary Rice, GM  Fiona Nolan, Cardiothoracic Physiotherapy Team Leader /Kathryn Macpherson, Senior Physiotherapist  Brenda Proud & Marie Smith, Occupational Health Nurses  Stephen Hughes, Team Leader Clinical Nutrition |
| Job Title |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section E: Innovative and emerging practice** | | | |
| Innovative practice should be interpreted as being a completely original project for your NHS Board e.g. either a new approach or adopting/testing new quality improvement methodology in the area. | | | |
|  | **1.** Include project name, setting, format, targeting, any collaborative working and outcomes | | |
| **1.** Example of an improvement approach being applied to HPHS related activity. | **1a.** Within the hotel we are focussing on menu content, we have introduced Hydration stations for conference delegates and this will roll out to Centre for Health and Wellbeing members. The hydration is linked to RDA and also supports health and wellbeing generally.  **1.b** **Physiotherapy prehabilitation project**  The cardiothoracic physiotherapy team are carrying out a research project on the effect of a physiotherapy prehabilitation programme on postoperative outcomes in patients undergoing cardiac or thoracic surgery.  Prehabilitation aims to optimise or increase an individual’s functional capacity, enabling them to withstand a stressful event such as surgery. Prehabilitation is a multi-modal concept and can be thought of as ‘preoperative rehabilitation’. While it is a relatively new concept there is emerging evidence among different surgical specialities demonstrating benefits to the patients and health care systems, including reduced length of hospital stay, improved functional capacity and quality of life, as well as fewer peri and postoperative complications.   Participants undergoing a primary coronary artery bypass graft or lobectomy are randomised into either standard care group or prehabilitation group. The prehabilitation group are given a home exercise programme consisting of deep breathing exercises, an incentive spirometer to measure daily tidal volumes and a pedometer with daily step count diary. The study aims to determine if a physiotherapy prehabilitation programme improves functional capacity (measured by 6 minute walk test) preoperatively and if there are any improvements in post operative outcomes. The study is currently in the recruitment phase of the pilot study.  **1.c** **In:SPIRE** *( Intensive Care Syndrome: Promoting Independence and Return to Employment*) is a multi disciplinary approach helping patients who have had a prolonged critical care hospital stay return to independent living and get back to employment, if appropriate. From a physiotherapy perspective it involves guidance and exercise prescription to help patients return to previous physical abilities and to achieve personal goals individual to each patient. It is a 6 week programme and outcomes are tested before the programme including a six minute walk test, sit-to-stand and grip strength and retested in 6 months time. This project started at the beginning of 2017 and is about to begin the third cohort. So far, it has been hugely successful in helping patients understand their critical care journey and help them in the transition from the hospital setting to home, where previously they had no input post discharge from hospital. | | |
| **1a.** Name & contact details | Gary Rice, General Manager  Golden Jubilee Foundation Hotel | | |
| **1b.** Name & contact details | Fiona Nolan, Cardiothoracic Physiotherapy Team Lead, Rehabilitation Department | | |
| **1c.** Name & contact details | Fiona Nolan, Cardiothoracic Physiotherapy Team Lead, Rehabilitation Department | | |
|  | **2.** Include project name, setting, format, targeting, any collaborative working and outcomes | | |
| **2.** Development of staff and/or patient weight management service | **2a.** With the introduction of the Centre for Health and Wellbeing we have commenced in July 2017 the second cohort of staff fitness challenge. This is in groups of 15 staff from across all divisions each with different health goals such as weight loss. The Centre for Health and Wellbeing group also has membership from Rehab, Occupational Health and HR to look at further ways to develop this for more groups which may include patients.  **2b**. Occupational Health offer staff weigh sessions each week; these are drop in sessions where staff can be weighed, have this recorded and receive advice and information on diet and exercise to help in managing their weight.  Staff also have the opportunity to attend for a “mini MOT” at a certain time of year. This includes the opportunity to have their BMI, Blood pressure, lipid profile and glucose checked as well as having a conversation regarding any health concerns they may have. Advice and information booklets are available to supplement verbal information.  Mental health support including CBT can be offered as appropriate to staff; this can be for a range of mental health/psychological problems - this has included on occasion eating disorders. | | |
| **2a.** Name & contact details | Gary Rice, General Manager, Golden Jubilee Conference Hotel. | | |
| **2b.** Name & contact details | Brenda Proud, Occupational Health Nurse, Occupational Health Dept | | |
| **2c.** Name & contact details |  | | |
| Additional examples can be submitted below. These examples may include updated evidence from former CMO/CEL annual reports if there is any further development to report or assessment of impact. | | | |
| Provide brief details on the name of the project, setting, format, targeting, any collaborative work and why this is innovative in your NHS Board.  **Include name and contact details for each input**  Add extra rows if required. | | Indicate if project has previously been reported | Indicate which core theme the project is aligned to:  1. Person-centred care  2. Staff Health  3. Hospital Environment |
| **1.** Staff Health comments above re health checks/weigh in sessions, Mental health. | | Yes | 2 |
| **2.** Pre-Rehabilitation / Outpatient work stream for Diabetes  The dietetics department are providing screening and intervention to patients with poorly-controlled diabetes, awaiting Cardiac surgery. | | Yes | 1 |
|  | |  |  |

**Appendix A**

Additional contributors for each section can be named in the table below:

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| --- | --- | --- |
| Section | Name of contributor | Job Title |
| **A:** Improvement areas for action |  |  |
| **B:** Embedding health improvement into clinical practice |  |  |
| **C:** Inequalities sensitive practice |  |  |
| **D:** Mental health |  |  |
| **E:** Innovative and emerging practice |  |  |

**Note:** insert additional rows if required.