HEALTH PROMOTING HEALTH SERVICE (HPHS)

HPHS CMO (2018) 3: Baseline self-assessment against HPHS outcomes and indicators 18/19

**Completed baseline self-assessments for 2018/19 should be submitted by 31st May 2019 to:**

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

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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 | |
| **Contact email address** | | Theresa.williamson@gjnh.scot.nhs.uk | |
| **LIST ALL HOSPITALS SITES REPRESENTED WITHIN THE SUBMISSION (specified by site category)** | | | |
| **Acute** | | Golden Jubilee National Hospital | |
| **Community** | |  | |
| **Maternity** | |  | |
| **Paediatric** | |  | |
| **Mental Health** | |  | |
| **List all hospitals sites not included in this reporting (specify category as above) and brief rationale.** | |  | |
| **Self-assessment of readiness level descriptor** | | | |
| **0 =** | | no evidence of indicator currently being met | |
| **1 =** | | some aspects of the indicator are being met | |
| **2 =** | | all areas of the indicator are being met | |
| **3 =** | | all areas of the indicator are fully met, and there is evidence of monitoring and evaluation of impact and / or improvement approaches being applied | |

**🛈The levels are intended to show progression. Boards should choose the level which best represents the current status, and only if all of the dimensions of that level are met. The supporting statement allows for further detail, including where there are elements of the next level which are currently being met.**

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| **Guidance for completion** | | | | | | | | |
| 1. Read each row from left to right. |  | 2. Review each statement and identify which one best reflects your current local situation. |  | 3. Select the most appropriate score from the drop-down menu. Score 0 if you don't meet level 1. |  | 4. Provide short supporting statement (maximum of one paragraph to support your self-assessment score) i.e. what documents or data supports your score? |  | 5. Following your self-assessment exercise, develop a local action plan to identify how your NHS Board is going to progress work locally in order to maintain and improve the HPHS outcomes and indicators. In addition you may want to include locally developed indicators which will contribute to the delivery of the four outcomes. |

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| **OUTCOME 1 -** Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such. | | | | | |
| **Indicator** | **Level** | | | **Self-assessment score** | **Evidence to support self-assessment score** |
| **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. | Prevention, improving health and reducing health inequalities are identified within corporate aims and objectives. | A long-term strategy, framework or equivalent is in place alongside a governance structure and delivery plan to progress prevention, improving health and reducing health inequalities. | All HPHS related outcomes are embedded across the organisation and governance and performance monitoring arrangements are in place. | **1** | The Corporate Objectives refer to “progressing the National Clinical strategy”, which emphasises health inequalities. The GJNH is an Elective facility without any formalised Community partnerships and therefore an explicit resourced plan is not identified. The GJF does however have an agreed set of equality outcomes which have been developed with an aim of reducing health inequalities. These are reported through our Person-Centred Governance strand |
| * 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. | Executive staff communicate the importance of prevention, improving health and reducing health inequalities with staff, trade unions and staff side. | Executive buy-in is demonstrated by leadership of a range of health improvement activities across variety of settings/ services/ clinical pathways. | Executive buy-in and leadership of prevention, improving health and reducing health inequalities across the system is reflected through the corporate action planning and reporting process. | 1 | The Corporate Objectives identify improving health and reducing health inequalities, goals which are identified in partnership with staff and trade unions.  There is an established pre- habiltation programme across the elective pathways, which is an example of implementation of this goal |
| * 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. | A range of CPD and resources are available to clinical and non-clinical staff. Training plans are in place, and delivered, which reflect local, and national prevention, health improvement and inequalities priorities. | Completion of training across range of clinical and non-clinical staff groups. | Delivery of prevention, health improvement and inequalities activities can be demonstrated by range of clinical and non-clinical staff.  A process is in place to measure the outcomes of the activities. | 1 | The Golden Jubilee Foundation has a role to work with Territorial Boards to support access to Elective surgical proceedures. Historically these referring Boards would coordinate the delivery, of prevention, health improvement and health inequalities work for their patient group. In line with the new ambitions, the hospital Equalities Group has commenced work to enable staff to identify health inequalities opportunities. . Health inequalities have been incorporated into the Board’s Equality and Diversity Training, which is mandatory for all staff to complete. |
| * 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. | Plans in place to monitor and evaluate the impact of prevention, heath improvement and inequalities activity on patient and staff outcomes. | Implementation underway with progress made in embedding health improvement prompts within clinical processes and systems. | Health improvement and inequalities prompts are embedded within clinical processes and systems and monitoring and evaluation arrangements are in place to capture the impact on patient and staff outcomes. | 1 | The Electronic patient pathway work which has commenced implementation will provide data sets to audit the effectiveness of health promotion and inequalities work.  Individual improvement initiatives are monitored through report back to the Organisations Strategic Projects Group. |
| * 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. | Plans in place for embedding prevention, health improvement and inequalities within action to address local clinical priorities. | Progress has been made on embedding prevention, health improvement and inequalities within local plans. | Health improvement and inequalities interventions are embedded across a range of local clinical priorities, and improvement and monitoring arrangements are in place to capture the action undertaken. | 0 | The Golden Jubilee will, on occasions, work with other Health Boards and contribute to local clinical developments or change programmes. As a Special Health Board the organisation would not commission or develop work outwith its scope of supporting the local Boards and as such this Indicator is not applicable. |

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| **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. | | | | | |
| **Indicator** | **Level** | | | **Self-assessment score** | **Evidence to support self-assessment score** |
| **1** | **2** | **3** |
| 2.1 The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. Activity should take account the new national public health priorities. | Pathways to a range of health improvement and health inequalities services according to local and national priorities are in place. | Health improvement and health inequality interventions are embedded in systems and person centred care planning and delivery. | A process to measure (delivery) impact of health improvement interventions and build evidence is in place, to support scale and spread of activity. | 1 | The GJF ERAS programme has a strong pre habilitation element, the efficacy of which is reviewed as part of ongoing improvements. The role of the GJF limits our ability to contribute to all the national public health priorities. There are elements of a number of services which support distinct population groups, for example, Adults Congenital Cardiac Obstetric services, or the Scottish National Heart Failure Services Psychological support service |
| 2.2 Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice. | There is promotion of local and national training to relevant clinical and non-clinical staff. | Agreement of priority areas, and delivery of, targeted training for clinical and non-clinical staff is in place to support the adoption of prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice. | The adoption of prevention, health improvement and inequalities sensitive practice is embedded into routine responsibilities and practice. Learning and personal development plans support individuals demonstrate their competence in, and delivery of, health improvement and inequalities activities. | 1 | National training support resources have been used in a limited capacity across the GJF. |
| 2.3 To build and sustain clinical leadership, relevant professional with 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. | There is evidence of engagement with relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. | Evidence of delivery of prevention, health improvement and inequalities to support local clinical priorities which has resulted from engagement with one or more of the fora. | Monitoring and improvement approaches are in place to identify the impact of clinical leadership and engagement on prevention, health improvement and inequalities. | 0 | Due to the Specialist nature of the Golden Jubilee National Hospital a decision was made not to support Managed Clinical Networks or Forums. This indicator is not applicable. |
| 2.4 Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place. | Awareness and training for routine assessment is in place, supported by a range of pathways within person centred care planning. | Patient documentation (any) contains prompts / questions for health improvement and health inequalities and evidence based support /referral pathways are in place. | Monitoring and improvement approaches, such as routine audit cycles, are in place to identify the impact of delivery of routine assessment and subsequent onward referrals. | 1 | The vast majority of the inpatients treated by the GJNH will receive a preoperative assessment. The staff within the Outpatient department have been supported with relevant training packages. The person centred care planning integrated into the admission process identifies health improvement and health inequality improvement opportunities |
| 2.5 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. | Social need referral pathways are in place, according to local and national priorities. | Referral pathways are in place and embedded within person centred care planning. | Monitoring and / or evaluation arrangements are in place which can demonstrate the contribution that local referral pathways make to the causes of ill health. | 1 | The role that the GJNH plays to support Territorial Boards across Scotland limits the opportunities whereby broad social needs of patients are supported. This work is undertaken within the Boards. For particular patient pathway work, for example National Services work; there is support available with referrals in place and links out to the community. |
| 2.6 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. | Identifying and engaging with partners based on local and national priorities. | Partnership agreement or equivalent is in place – resource/ plan. | Reporting and evaluation mechanisms are in place. | 2 | The Dementia Strategy details the partnership working with Dunbartonshire Council. There is an established partnership with Action on Hearing Loss to support patients within and prior to hospital admission  The hospital does not have a Social work department but will shortly have an office of the Citizens Advice bureau |

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| **OUTCOME 3 -** All staff work in an environment that promotes physical and mental health, safety and wellbeing. | | | | | |
| **Indicator** | **Level** | | | **Self-assessment score** | **Evidence to support self-assessment score** |
| **1** | **2** | **3** |
| 3.1 The organisation has a strategy for prevention, health improvement and inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health. | Prevention, health improvement and inequalities incorporated into organisational strategy. | The strategy has a delivery/ action plan and governance arrangements in place, with executive staff buy-in and leadership. | All staff health and wellbeing outcomes embedded within organisational performance management arrangements. | 1 | The AHP Strategy describes an annual programme of activities that link to health and well being topics.  The organisations people strategy has a focus on wellbeing and creating a positive work environment.  Healthy Working Lives Gold award retained since 2013 |
| 3.2 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. | Evidence of local staff health needs being assessed and identification of harder to reach health groups’ needs incorporated into strategy. | Short, medium and long term action plans and performance indicators are developed in partnership with staff. | Long, medium and short term actions on staff health and wellbeing are integrated into organisational development and all staff work in an environment that promotes physical and mental health, safety and wellbeing. | 2 | The People Strategy will include individualised approaches to conversations with staff to support them through internal methods or signposting to external support organisations.  Values based Reflective Practice is becoming embedded, Schwartz Rounds are undertaken.  We have an Occupational Health Mental Health & Wellbeing Policy. HR provide information on organisations employee profile/absences We are working with mental health charity See Me to undertake a survey of staff to review mental health support available and this will inform future planning on what we will deliver to support good mental health amongst our staff.  This will ensure we are addressing mental health and physical health. |
| 3.3 In addition to absence monitoring data, the organisation has an evaluation framework to support the strategy and monitoring and impact arrangements should be developed. | A clear plan is in place to support the monitoring of, and assess associated impact of the strategy. | Monitoring and evaluation arrangements are in place and evaluation findings are discussed with staff. | Evaluation of the impact of the strategy on staff health and wellbeing is reported, and learning is incorporated into actions. | 2 | The staff Health and wellbeing strategy dovetails with many HR Processes to support attendance at work |
| 3.4 In line with national Staff Governance and Workforce 20:20, 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. | Mechanisms are in place to identify harder to reach staff and staff are aware of health and wellbeing support available to them and know how to access it. | Interventions are targeted accordingly and proportionately for the needs of harder to reach staff. | Monitoring and improvement processes are in place to identify impact on staff outcomes of interventions and the impact on harder to reach staff. | 2 | The centre for Health and Wellbeing provides a range of activities to promote staff health. . Managers of harder to reach groups are encouraged to ensure their employees are aware of any activities that are taking place and encourage them to participate e.g. mini MOT health checks, Immunisation programmes. Physiotherapists have targets areas with sedentary workers to encourage increased physical activity and will visit any area as requested by managers to highlight the positive aspects of physical activity. The Carers Strategy supports staff with caring commitments both within work and outwith. |

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| **OUTCOME 4 -** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors. | | | | | |
| **Indicator** | **Level** | | | **Self-assessment score** | **Evidence to support self-assessment score** |
| **1** | **2** | **3** |
| 4.1 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 more choices. | The organisation is fully compliant with national hospital food retail, trolley services (Healthcare Retail Standard) and hospital catering (Healthy Living Award +) standards. | A local quality assurance system is in place to support achievement and ongoing compliance with national hospital food standards. | The organisation is an exemplar in their offer of healthier food options in catering and retail establishments and through the leadership shown for a healthier food environment and culture across the organisation. | 2 | The hospital food complies with the food in hospital guidelines, the retail service within the hospital have retained the Healthy living Plus Award. |
| 4.2 [[1]](#footnote-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. | The organisation has plans in place to assess and measure compliance for one or more of vending, hospitality and pop-up shops operating in their areas, against local or national criteria. | The organisation assesses compliance of all vending, hospitality and pop-up shops operating in their areas, against local or national criteria, and a local process is in place to address breaches. | The organisation is fully compliant with vending, hospitality and pop-up shops operating in their areas, against local or national criteria, and a local process is in place to address identified breaches.  The organisation has plans in place for the provision of healthier food options for staff and visitors during any part of the day, including night shifts. | 2 | At present Pop-Up shops are not included in compliance assessment  We are currently undergoing a review of the vending service throughout the hospital and taking into consideration the forthcoming expansion. This will ensure the provision of healthier food options in the OOHs |
| 4.3 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. | Physical activity opportunities, including active travel opportunities, are available in either the indoor / outdoor estate for patients, staff and visitors. | Clinical services are routinely raising the issue of physical activity through the delivery of brief advice, signposting and or referral.  Physical activity opportunities, including active travel opportunities, available and promoted to patients, staff and visitors. | Clinical services apply the national physical activity pathway in the design and delivery of routine patient care.  Active Travel Plan developed at NHS Board level and is implemented across all NHS Board sites.  Monitoring arrangements are in place to establish uptake of opportunities, including measurement of uptake by harder to reach staff groups. | 2 | Rehab Gym is available throughout the week for patient assessments and interventions. Staff encouraged to use the opportunities  Programme of Pre op talks and pre – habilitation are routinely delivered  As part of our travel plan we are reviewing active travel and have established a bicycle user group. This group is helping shape the future facilities for encouraging active travel by bike and promoting active travel. Walking routes will also be considered as part of the action plan |
| 4.4 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. | A smoke-free policy is in place, and staff are aware of their roles and responsibilities in relation to smoking on hospital grounds. | Policy is implemented and embedded across organisation. | Local monitoring of compliance of smoke-free grounds is underway, and monitoring informs local actions to support compliance. | 3 | Smoke free policy is in place and staff are aware and seen to leave site to smoke as per the policy.  Due to hotel use as a recreational area and catering for functions such as weddings , seasonal events such as Christmas parties etc. there are difficulties in preventing total abstention however it is monitored and challenged where smoking is evidenced |
| 4.5 In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain. | Local procurement policy is in line with the Procurement Reform (Scotland) Act 2014. | Prevention, health inequalities and inequalities are considered as part of the scoring and evaluation of bids for local contracts. | The organisation can demonstrate health inequalities value and /or community benefit across a range of procurement activities. | 3 | Equalities and the procurement reform act have been fully incorporated within our 2017/18 annual report. Sept 18-March 21 procurement strategy and its EQIA demonstrates the elements described.  The Hospitals Expansion programme involves local speciality specific groups in design access etc.  The Principle Supply Chain Partner identifies and designs community benefits / employment opportunities. |

1. [↑](#footnote-ref-1)