

# CMO (2015) 19: Health Promoting Health Service (HPHS)

## Reporting Summary Template

### Reporting period: Years 1-3 – 2015-2018

All HPHS summaries of progress should report on your NHS board's 3-year journey delivering HPHS activity and the difference made for the period between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2018.

**Completed report summaries for 2015-2018 should be submitted by Friday 28<sup>th</sup> September 2018 to [nhs.HealthScotland-hphsadmin@nhs.net](mailto:nhs.HealthScotland-hphsadmin@nhs.net)**

## Contents

### Required reporting sections

- [Required submission details](#)
- [Section 1: Telling your Board's story \(2015-18\). A focused reporting summary of your Board's HPHS delivery actions and the impact made between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2018.](#)
- [Section 2: Recommended improvement areas for action from 2016-17 feedback report – reporting on progress of actions that have been put in place and their impact; or actions that will be implemented and how impact will be measured.](#)

### Optional reporting sections

- [Section 3: HPHS policy/topic focused reporting summary or case study for HPHS delivery and impact between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2018](#)
  - Person-centred care
  - Staff health and wellbeing
  - Hospital environment

**CMO (2015) 19 letter: HPHS reporting summary template**  
**Years 1–3: 2015-2018**

**Please submit your summary report by Friday 28<sup>th</sup> September 2018**

**All reported evidence should report on activity and outcomes between: April 1st 2015 and March 31st 2018.**

**Required section**

**Required submission details**

*(Please complete all yellow shaded boxes)*

| <b>Required submission details</b>  |   |
|---|---|
| NHS Board   | NHS Western Isles   |
| Submission date   | 26 <sup>th</sup> September 2018                                       |
| HPHS Lead   | Norma Macleod   |
| Contact email address   | <a href="mailto:norma.macleod1@nhs.net">norma.macleod1@nhs.net</a>    |
|   |   |
| List all hospital sites represented within the submission (specified by site category).                 |   |
| Acute   | Western Isles Hospital<br>Uist & Barra Hospital<br>St Brendans, Barra |
| Community   |   |
| Maternity   |   |
| Paediatric  |   |
| Mental health   |   |
|   |   |
| List all hospital sites not included in this reporting (specify category as above) and brief rationale. |   |

## **Required section**

### **1. Telling your Board's story (HPHS journey 2015-18).**

#### **A focused reporting summary of progress – What you did and what difference you made**

*Please use the template below to provide an overall summary of your Board's HPHS delivery and its impact covering 2015-18. This is an opportunity to tell your Board's story, highlighting key areas of HPHS activity and the difference it has made to improving health and reducing inequalities.*

***In addition to narrative, please feel free to include photos, charts, diagrams, patient or staff feedback or quotes etc.***

### **Telling your Board's story (HPHS 2015-18)**

#### **NHS board, main contributor(s) & role(s):**

NHS Western Isles

Dr Maggie Watts, Director of Public Health; Norma Macleod, HWL Advisor; Stuart King, Employee Relations Officer; Joanne O'Donnell, Smoking Cessation Co-ordinator; Catherine Macdonald, Head of Midwifery; Anna Macdonald, Lead Health Visitor; Iain Trayner, Technology Enabled Care Project Manager; Christina Morrison, Health Protection & Screening Nurse Specialist; Karen France, Nutrition & Dietetic Manager

#### **What did we do and why?**

Provide a *background summary* from where you started, *what you did* and *why*.

State the planned differences or changes (outcomes) that you wanted to make for the people you worked with (patients, public, staff and employees) and the main activities, services or interventions you wanted to provide/deliver to achieve or work towards achieving your outcomes. (This could include a reminder of the overall aim of the HPHS programme to set the context and how you planned to work towards this).

*What you did?* For example:

- i) What health improvement activities or behaviour change interventions have you implemented/developed with the aim to improve health/reduce inequalities?
- ii) What new health improvement interventions/processes have been developed/further embedded into clinical processes or strategic/operational documents, etc?
- iii) What health improvement processes have you developed that have been embedded into clinical practice?
- iv) Have you developed new protocols or strategic documentation to embed health improvement activity into routine care and assessment?

*Why?*

What was the rationale for the steps/actions you took? For example, was this based on identified local needs, local priorities, or HPHS priorities? If so, please describe these. Did it follow recommended areas for improvement provided in feedback reports?

In March 2008, the HPHS CEL (14) was distributed to all Chief Executives, outlining a set of interventions for health improvement targeting NHS acute settings. In 2012 a further CEL was issued and in 2015 a CMO letter was issued that followed on from the two previous CELs. This stated a commitment to drive forward actions relating to health improvement, highlighting the

importance of staff health and wellbeing. The C.M.O. urged Boards to improve their commitment and performance in delivering a truly Health Promoting Health Service.

To drive forward this work, NHS Western Isles formed a steering group in 2016, chaired by the Director of Public Health. Membership included those with responsibility for specific areas outlined in the CMO letter (2015). A paper was submitted to the Board in Oct 2017, detailing activities covered through the Health Promoting Health Service and making recommendations to the Board.

This report summarises the progress made by NHS Western Isles since 2015 in relation to the CMO letter (2015).

## 1. Staff Health

The Board has held the Healthy Working Lives Gold Award for a number of years. Through the implementation of a 3 year strategy it has demonstrated a commitment to employee health and wellbeing by introducing supportive policies, training, opportunities to improve their diet, physical activity levels and mental health. The strategy was reviewed in 2017 to cover another 3 years.

iMatter was introduced, with the first cohort being carried out in April 2015 and further cohorts following later in the year and the remaining sections covered in 2016. This process is now repeated on an annual basis and gives staff the opportunity to influence change and improvement within their individual teams.

A system to manage sickness absence better was introduced in 2016 with the first cohort of staff. This has been expanded to all areas and is to further support staff and signpost where appropriate.

A range of models of vaccination service delivery were developed and implemented to encourage uptake of influenza vaccination by staff, as the Scottish Government consider it to be unacceptable for healthcare workers recommended to receive the flu vaccine not to take up this offer. National targets are to obtain vaccination rates of 50% for all NHS staff; in 2015 our figure was 25%, by 2017/18 this had risen to 43%.

## 2. Healthy Eating

NHS catering outlets have held the Healthy Living Award for several years and both hospital dining rooms were awarded with the Healthy Living Award Plus in 2018, ensuring staff have access to a wide range of healthy menu choices. Vending machines with healthy options are operational in some of the premises without catering facilities. Healthy eating is promoted in the dining rooms at all times by posters, leaflets, table toppers and the award and charter are displayed. Product placement is considered with healthier choices in a prominent position, no confectionery next to the point of sale and no promotion of high fat/high sugar items. The dining room do three promotional days per year with emphasis on the healthier options.

The Department of Nutrition and Dietetics runs a weekly weight drop in clinic, to support staff to lose weight and the health promotion department run campaigns promoting healthy eating.

Low vitamin D levels were recognised as a particular issue for all pregnant and breastfeeding women, and infants and children under 5 years, therefore we commissioned the production of 3 localised short films to raise awareness.

### 3. Breastfeeding

NHS Western Isles is a “Breastfeeding is welcome here” organisation, and achieved Baby Friendly award status for both hospital and community settings in April 2015. Continual auditing is in place to ensure that standards are followed, including compliance with WHO Code. Later in 2015, a group of peer support workers for breastfeeding completed their accredited programme to support breastfeeding mothers in the community.

The NHS Western Isles Breastfeeding policy is communicated through the HR department and the work life balance policies support mother returning to work, with separate facilities now available for breastfeeding.

All expectant mums are offered a financial health check as part of routine maternity care, through referral to the Citizens Advice Bureau to ensure maximum uptake of benefits

### 4. Physical Activity

Physical activity is now embedded in the health promotion calendar, giving staff and members of the public the opportunity to become more active through an annual step count challenge, a weekly Jog Scotland group and the daily mile.

Several staff cycle to work and cycle racks were installed at the Western Isles Hospital in 2017.

Staff development days have included an element of physical activity which range from abseiling to a leisurely walk.

The Division of Public Health and Health Strategy has taken an active role in the Outer Hebrides Community Planning Partnership priority group to address quality of life and wellbeing. This has a focus on increasing activity levels within the Outer Hebrides through a partnership approach with Comhairle nan Eilean Siar, Scottish National Heritage, Community Land Scotland and the Third Sector.

The Health Promotion department has worked with Occupational Therapy to support clients to start walking following a period of rehabilitation.

Through Paths for Health, volunteers have been trained to lead health walks throughout the Outer Hebrides, and support has been provided to community groups and trusts. Local paths have been promoted through walk packs which were issued to all Communities.

Buggy Buddies for mums (and dads), with very young children take place on a weekly basis where a trainee health visitor co ordinates a walking group in Lewis and a member of the health promotion team in Uist.

### 5. Health Behaviour Change/ Pathways and documentation

A 3 hour health behaviour change course was developed and offered to staff from 2016. This is being delivered by a team of health improvement practitioners using presentations, videos and exercises allowing participants the opportunity to see motivational interviewing in practice and discuss barriers and how to deal with challenging behaviour. The aim is to give participants the skills and knowledge to raise the issue of Smoking, Alcohol, Mental Health, Physical Activity and Poverty with patients/clients to support them in adopting healthy behaviours.

Pathways have been developed locally to cover physical activity, financial inclusion, smoking,

alcohol and mental health and these are discussed during training.

Patient admission documentation has been amended and clinicians now ask all patients lifestyle questions on admission and, where appropriate, signpost and refer to services.

Plans of care are developed in partnership with patients, ranging from weekly attendance at community based exercise programmes to a tailored home based programme or direct referral to exercise. Through the pathways we have been able to increase referrals to services. Self referral mechanisms are also in place for dietetics, physiotherapy and smoking cessation.

## 6. Patient Centred Healthcare

Due to patients noting their frustration at having to travel long distances to brief outpatient appointments, and on some occasions spending nights away from home, the NHS has increased its use of telehealth, allowing patients the opportunity to have consultations from the comfort of their home or local hospital. This allows for equity of services as clinicians are not always available for clinics in the various islands. Where patients are hard of hearing, this service also allows them to converse through a chat box. This type of technology gives the opportunity to redesign service delivery and provide more patient centred healthcare that is effective and efficient.

### What did we deliver – activities/services/interventions?

Include main *facts and figures* about **actual activities**, for example the *number of people* the Board or project worked with and the main *things they did*. Include the *audience targeted and reached* (staff, patients, public, etc.)

## 1. Staff Health

The EASY (Early Access to Support for You), system has been introduced to care for the health and wellbeing of staff who are absent from work through ill health. Any member of staff who is off work due to illness will be contacted on their first day of illness. To compliment this, the Occupational Health and Human Resources teams meet on a monthly basis to discuss all current long term absences in order to form bespoke return to work plans for each staff member.

Managers have also been supported with a workshop, on “Effective Absence Management – How to stay on the right side of the law”, which was delivered by the NHS NES Central Legal Office in March 2018. Aimed at all managers, this training was very well received. Occupational Health have introduced in-house CBT Counselling for staff and carried out 124 sessions for staff during 2017. 16 members of staff have been referred for external counselling and 45 have referred themselves to Occupational Health for support.

To increase numbers of staff taking up the offer of the flu vaccine, the health protection team worked with the Occupational Health department to deliver the annual vaccination programme to staff. Models of vaccine delivery included mass clinics, peer vaccination, roving teams and self made appointments with Occupational Health. Allocated appointments were also trialled in 2 areas of NHS Western Isles. Awareness raising sessions took place for staff and a Flu portal was created on the NHS Western Isles intranet. Information was included in the staff team brief and a Flu Jab-o-Meter was installed on the opening screens of all NHS computers, updating on levels of staff who had received the vaccine. 2017/2018 figure equate to 436 vaccines being delivered to



NHS staff, over the flu season.

**Table 1 NHS WI HCWs percentage uptake by year.**

| NHS WI  | Front line<br>% | Non Frontline<br>% | Total uptake<br>% |
|---------|-----------------|--------------------|-------------------|
| 2013/14 | 14.8            | 17.6               | 15.9              |
| 2014/15 | 22.8            | 26.5               | 24.2              |
| 2015/16 | 27.6            | 21.8               | 25.4              |
| 2016/17 | 37.9            | 33.8               | 36.5              |
| 2017/18 | 47.7            | 34.6               | 42.9              |

Source: OH flu database

## 2. Healthy Eating

Through the Healthy Living Plus award we have increased the provision and promotion of healthy living choices within both hospitals, avoiding the promotion of non-healthy living items for staff and members of the public.

Weekly staff drop-in sessions take place in Dietetics in the Western Isles hospital, 42 staff have attended since 2015.

A weight loss competition (It Takes 3 to Shift a Stone) was run in 2017 where participants were encouraged to lose a stone in 12 weeks and maintain their weight loss for 12 months. 100 people participated in this campaign. The Florence texting system was used to encourage and motivate participants with their weight loss and allow them to text in their weight to the public health dietitian on a weekly basis.

Featuring local children and adults, Vitamin D films were created to bring some playfulness to a serious subject with some light-hearted and humorous results. Using adults whose voices were dubbed by children, each of the films deliver their own Vitamin D message i.e. The importance of Vitamin D, How do I get my Vitamin D? and The Healthy Start Scheme. Films can be viewed at: [www.parentingwi.scot.nhs.uk](http://www.parentingwi.scot.nhs.uk)

## 3. Breastfeeding

NHS Western Isles continues to meet Baby Friendly standards.

Four Volunteer peer supporters have been recruited throughout the Western Isles. They have been trained to support women who wish to continue to breastfeed.

The health visiting team holds a weekly drop-in in a neutral venue in Stornoway to offer support, and advice on all aspects of infant nutrition including breastfeeding, child development, dental care, immunisation, safety aspects, weight check and childhood illness. Numbers attending vary from 4 – 8.

Bosom Buddies is the local breast feeding group which takes place in Stornoway on a weekly basis. The group is facilitated by health visitors and is open to antenatal mothers and those who are breastfeeding. No appointment is required to attend. It attracts up to 12 participants per week.

Weaning Sessions are held on a quarterly basis in Stornoway, and annually in Uist. These sessions offer new mothers advice and support on weaning. Demonstration of appropriate foods is given and is proving very popular. Also included is advice on food storage and preparation, with a focus on healthy eating and healthy teeth and gums. This is a multi-agency event where the following disciplines take part i.e. dieticians, health visitors, and childsmile. Discussion is encouraged and mothers are given the opportunity to ask any questions during the presentations.

A Breastfeeding survey was carried out in 2017 to find out views from people living and working throughout the Outer Hebrides. Over 500 people completed the survey which was commissioned by the Western Isles maternal and infant nutrition group. 80% stated that the support they received from NHS midwives, health visitors and support groups was sufficient for their needs, with many commenting that they would have stopped breastfeeding earlier had it not been for their support.

#### 4. Physical Activity

Walking packs were made available for staff and members of the public to promote walking, with 1000 packs issued throughout the Outer Hebrides. This was followed by a step count challenge (Walk 500 Miles) during the summer of 2017, where individuals and teams of three aimed to walk 500 miles over spring and summer. To ensure it was open to all levels of abilities, there were three daily step levels and participants could convert activities other than walking into steps. Three hundred people started the challenge with 82% completing it in the recommended time period.

A Daily Mile weekday lunchtime walk for NHS staff was introduced from Western Isles Hospital at the beginning of 2018 and up to the end of March, 52 had taken place, on average seven people attend on a daily basis. A Dietetics Assistant leads the walk and provides an informal space for staff to gain dietary advice while walking.

A staff jogging group leave the hospital every Tuesday at 5.30p.m. This is open to all mobility levels and attracts up to 15 per session.

All NHS staff have the opportunity to take up membership at the local leisure centres through the Slainte Mhath scheme.

Two clients were assisted with a six week programme of assisted walking through the Health promotion department.

Since 2015 we have managed to recruit 30 new volunteer walk leaders to lead walks throughout the Outer Hebrides. Walks take place in three communities on a weekly basis and this has resulted in 40 new walkers.

Up to six families participate in the Buggy Buddies walk on a weekly basis.

#### 5. Health Behaviour Change/Pathways and Documentation

Health Behaviour Change training was developed and offered to all GP practices in the Outer Hebrides with courses taking place in various locations across the islands. A variety of staff



attended these sessions including GP's, nurses, reception staff and healthcare workers, encouraging them to consider the health promoting opportunities for every healthcare encounter following the HPHS ethos.

Links were made to NHS Health Scotland's Virtual Learning Environment (VLE) run by NHS Health Scotland and staff were encouraged to complete these before attending the training.

Pathways were discussed during the training and this has resulted in increased referrals to services, also allowing for direct contact between referrer and specialist services in the provision of smoking cessation, dietetics, sports facilities, alcohol and drug services. Referrals are made electronically through SCI gateway or manually in the case of financial inclusion and GP exercise referral.

Since 2015, nine training courses have been run resulting in 173 staff within hospital and community, including consultants, student nurses, dentists, AHPs, cardiac staff and clinicians being trained in Health Behaviour Change. In addition to this, 373 staff have completed e-learning modules through NHS Health Scotland on a variety of lifestyle topics. In 2015/16, 12 staff completed modules through the VLE in comparison to 253 in 2017/18. Due to the reporting system used by NHS Health Scotland it is not clear how many of those are NHS staff although we would assume that the majority were. These units are now mandatory in certain departments and form part of the training for all student nurses.

## 6. Patient Centred Healthcare

Telehealth is being used in Dietetics, MS, Respiratory, Rheumatology, Speech and Language and Mental Health services to allow patients to have consultations within their homes or local hospital avoiding unnecessary travel and inconvenience. This has allowed faster access to treatment and diagnosis. For example, one patient was seen within 10 days rather than the normal pathway of six weeks.

A study carried out in 2018 on the Respiratory medicine virtual clinics identified a cost saving to patient travel of £10,529, along with a further £7,498.75 in unclaimed road costs to patients and a carbon saving of 10 tonnes (Table 2).

**Table 2 – Carbon savings derived from virtual respiratory clinics**

Source: NHS Western Isles

|  | CO2 | Unit  |
|--|-----|-------|
| CO2 emission saved by doing VC for 44 patients would have travelled by flight in 13 months | 10  | Tonne |
| The maximum amount of CO2 a person should produce per year in order to halt climate change | 2   | Tonne |
| The amount of CO2 a citizen of the EU produces each year on average                        | 9.1 | Tonne |

## What difference did we make?

Provide overall information about what was achieved. (*Consider your intended outcomes*).

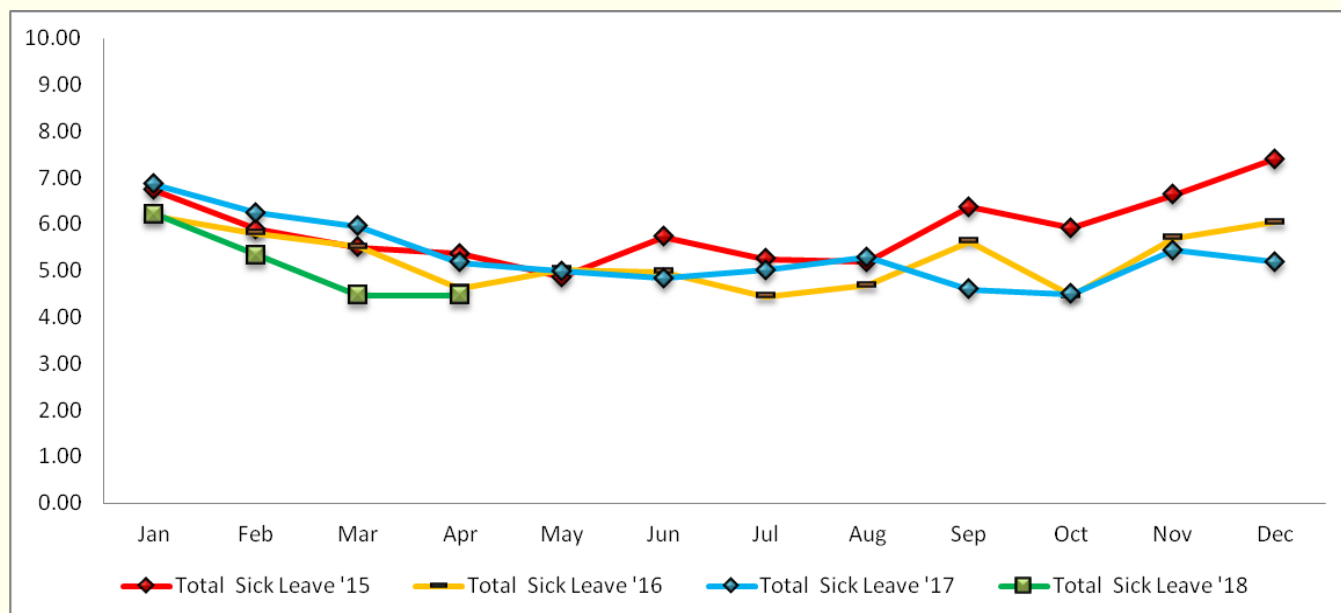
For example, *how many* engaged with the service or were reached; how individual participants or service users (public, staff, patients') **experienced** the activity/service and the **difference** it made to them. (*Consider submitting case studies, quotes or numerical data*).

## 1. Staff Health

EASY has helped to reduce the strain on colleagues by supporting the health and wellbeing of staff. Figure 1 sets out the three year comparison of Sickness Absence Rates in NHS Western Isles since EASY came into effect. This shows a downward trend with a particularly positive start to 2018.

**Figure 1 Sickness absence NHS Western Isles, 2015-2018 (part)**

Source: Staff Health Update for HPHS Submission June 2018



By having a proactive approach to sickness absence, employees are assisted to get back to work, however it also allows the organisation to report on common themes to tackle any health concern in the long run. By identifying trends, it places the NHS at an advantage of early intervention with regard to the implementing support measures for all staff, in particular where their health and wellbeing is concerned.

Occupational Health are now able to offer services which were previously unavailable such as CBT and Counselling and have seen an increase in numbers self referring.

With regards to the flu vaccine, 2017/18 saw NHS Western Isles with the third highest increase of overall staff uptake of the vaccine across all Scottish Boards. This may have had an impact on the downward trend in sickness absence which was noted at the beginning of 2018.

## 2. Healthy Eating

At least 70% of the food and at least half of the items in each section of the canteen are healthy living choices. This ensures that both staff and patients are able to eat healthily during the day. Fruit and vegetables are sourced locally. An average of 80,000 transactions per year have taken place between the two hospital catering establishments since 2015.

Through the Healthcare Retail Standard which the Western Isles hospital shop achieved in 2017, the hospital is now able to have a consistent approach to healthy eating on hospital premises.

Through the weekly drop in weight sessions, 15 staff have reduced their B.M.I., 19 remained the same and five have increased their figure.

Seventeen participants completed the “It takes 3” by losing a stone with 70% of those managing to keep the weight off after 12 months.

The Vitamin D films produced were well-viewed, involved partnership working with a range of local Maternal and Infant Nutrition developments being undertaken. It increased promotion of the Healthy Start Scheme by local midwives, health visiting staff, local mums groups and services for vulnerable parents and young people. It also helped to increase local availability and distribution/uptake of Healthy Start Children’s Vitamins and Pregnancy Tablets. The films were launched at a Vitamin D lecture in winter 2017. We have since received requests from other boards to share/replicate the films within their areas

### 3. Breastfeeding

In 2016, 36.5% of mothers were exclusively breastfeeding at 1<sup>st</sup> visit, and 27% at 6 – 8 weeks while 35.8% were exclusively breastfeeding at 1<sup>st</sup> visit in 2017 with 31.9% at 6 – 8 weeks.

A range of groups and supports are available for new mothers to raise issues and meet other mothers and professionals in a social environment outwith clinical settings.

A Breastfeeding report was produced following the local survey findings and a press release was issued to raise awareness during Breastfeeding Awareness week 2018.

### 4. Physical Activity

Two hundred and twenty one people walked 500 miles over the summer of 2017 (65 were NHS staff). Evaluation found that 87% reported improved general health and wellbeing, 80% reported improved fitness, 33% reported weight loss while 52% reported using the programme to maintain their weight.

There was positive feedback received from participants of the step count challenge including:

*“I can only really do steps in the water as I’m disabled... It’s great that other things count too.”*

*“I’m enjoying the challenge a lot and I am going for a 10k walk on Saturday – something I would not have thought about were it not for this challenge.”*

*“I have nerve damage and other ailments. I have really enjoyed the challenge ... It has been a great motivator and provided a real boost to my self esteem.”*

*“I am enjoying it since it started. I have been out every day, feeling a bit healthier, walking much faster, feeling a little trimmer...loving it and making me more motivated”.*

The Daily Mile is encouraging NHS staff to be physically active during the working day and take part in a social activity with their colleagues.

Clients noted being able to walk longer distances during the six week assisted walking programme.

Buggy Buddies allows new parents to increase their physical activity while socialising with other parents. This takes place weekly in the local Castle Grounds in Stornoway. A member of the health visiting team accompanies the walkers. It has also been introduced in Uist with the health promotion team member accompanying the walkers. No appointment is required to attend.

## 5. Health Behaviour Change/Pathways and Documentation

All of the groups who attended training discuss health improvement with their clients routinely and signpost onto services resulting in increased referrals to services. The Cardiac Team have specifically mentioned that the training has helped them with understanding behaviour changes and setting goals with the patient rather than making the goals for them.

All Pre-operative patients receive an assessment and are routinely given health promotion advice in all areas, particularly around smoking and weight management. This has also been developed through many other services. The patient's admission document has been amended to include lifestyle questions and ensuring patients are given advice where appropriate.

All patients referred to Cardiology Services (i.e. Heart Failure Service, Cardiac Rehabilitation Service, Familial Hypercholesterolaemia Service, Rapid Access Chest Pain Clinic) are assessed by the nursing team for suitability for inclusion in a physical activity programme.

Through the universal referral form, the Citizens Advice Bureau received 33 referrals in 2017/18 through the NHS; 16 of those were debt related.

118 referrals were made to leisure centres through the GP exercise referral in 2015, 116 in 2017 and 85 in 2018.

New walk routes and trails are being developed in communities to allow health walks to take place.

## 6. Patient Centred Healthcare

Virtual clinics are allowing patients the opportunity to access services not available locally. This is saving patients and escorts (where appropriate) travel time and inconvenience while improving NHS access to services and saving costs. It is also protecting the environment through reduction in travel. For example: the introduction of a hand clinic recently is saving 13 patients travel costs to mainland hospitals for 20 minute consultation at every clinic.

### What did we learn?

Link this to the activities detailed above

Were there any unexpected outcomes (positive or unintended consequences)?

Were there any problems you encountered that slowed progress or stopped you achieving what you set out to?

If any challenges were encountered, how were these overcome?

What were the key learning points?

## 1. Staff Health

Moving iMatter to one cohort in the year has allowed for more targeted approach to Staff Engagement. This removes previous years' concern that employees were showing survey fatigue with continual surveys taking place. This change in approach will look to create a dedicated staff engagement season in the year where staff are expected to be engaging with iMatter survey.

Staff noted that they had issues being released for the flu vaccine due to work pressures and this was exacerbated by long waits at the drop in clinics. We therefore decided to carry out a trial

where invitations to attend at a set appointment time were sent to individuals two weeks in advance. This resulted in a 9% uptake in one of the areas and 7% in the other, with a non-attendance rate of 63%. This suggests that the staff who were invited to attend made a conscious decision not to uptake the flu vaccination and the barriers highlighted may not have been the reason for non-attendance. We found that roving clinics proved beneficial with higher numbers attending when the OH nurses went to individual workplaces to offer the vaccine. Some NHS staff, such as those who are informal carers or who have long term conditions access the flu vaccine from their own G.P. and we recognise that our uptake figure will be an under estimate.

## 2. Healthy Eating

Participants of the “It takes 3 to Shift a Stone” found that the initial support from the public health dietician through Florence helped them to maintain their focus on weight loss. However it became apparent that they lost motivation once the first 3 months were over and struggled to maintain the weight loss during the remainder of the 12 months. They felt that if the support had continued it may have helped them to keep motivated.

Through the production of the films we found that involving native islanders in local engagement activities attracts previously difficult to reach audiences, especially when promoting a normally ‘dry’ topic. The development of the short films and their subsequent promotion has meant that the distribution of children’s vitamin supplements locally has almost doubled. There has also been increased awareness on the importance of vitamin D throughout the Outer Hebrides.

## 3. Breastfeeding

Although NHS Western Isles has continued with a focus on breastfeeding in maternity and early years services, our uptake figures have not improved substantially.

Equity of services has been a challenge due to lack of resources i.e. baby massage in Barra, therefore the health promotion team have supported health visitors in being trained and offering the service. It is however planned to start a weekly drop in session in Uist from 1<sup>st</sup> June 2018 to offer support, advice on all aspects of infant nutrition including breastfeeding, child development, dental care, immunisation, safety aspects, weight check and childhood illness.

Partnership working has also increased with a range of additional work streams being undertaken locally by the Maternal and Infant Nutrition group, including promoting of support of breastfeeding in local cafes.

## 4. Physical Activity

The physical activity initiative (Walk 500 Miles step count challenge) in 2017 evaluated very well, however, it was time consuming and was not cost effective due to the high number of participants and cost per participant for the Florence text messaging system to log steps daily. It required major administration and data had to be manually inputted. With it being the first time Florence was used for a health improvement programme, individual protocols had to be created along with individual accounts for all participants. Unintended positive outcomes were identified as participants being more sociable, enjoying meeting up with their peers, supporting each other while seeing their physical activity behaviour change. We also managed to recruit new Walk Leaders for Paths for All Health Walks through this initiative.



A challenge faced by the Daily Mile initiative is that clinical staff are required to change out of their uniform before leaving the hospital, which can be time consuming and a barrier for staff. It was also noted that some staff only have 30 minutes for lunch and this is insufficient for the Daily Mile and a meal.

Due to the low numbers of clients requiring assisted walking and the time taken on 1 to 1s, these clients are now signposted to Paths for All Health walks which take place on a weekly basis.

Through the CPP Quality of Life group we have been able to identify the ongoing work relating to physical activity and work in partnership promoting each other's services.

#### 5. Health Behaviour Change/Pathways and Documentation

The Health Behaviour Change training was amended after the first few sessions as clinicians felt that they were all aware of the risks to individual health, and would benefit more from exercises on motivational interviewing and skills on managing clients who were not interested in changing their behaviour. Another change which was made was to open out the training to administration and reception staff, as patients often disclosed information to them about their health which they failed to mention to their GP.

Scheduling courses was problematic due to the geographical nature of the Outer Hebrides, travel, venues, fitting round clinicians' work practice. In addition, clinical pressures meant that a number of staff were not able to attend at the last minute due to work commitments. Participants on the courses had a relatively low level of awareness of pathways and how they could refer patients to services. They were also unsure as to how to approach patients on topics.

As a result of the training, positive links have been established between clinical staff and the Health Promotion department and this has resulted in lifestyle clinics being set up in health settings following clinics or GP appointments. There has been a decline in the number of clients being referred to leisure centres, however this may be down to the setting-up and introduction of the Move More aggregated programme which combines GP exercise referral and Move More offering a service for clients with long term conditions and/or cancer. This programme is operational in all islands throughout the Outer Hebrides and will be launched in October 2018.

#### 6. Patient Centred Healthcare

The introduction of the telehealth was not without its challenges which included identifying patients who would be suitable for a v.c. consultation, booking appointments for the system, tracking who had been seen in v.c. in clinic at home or in the hospital and ensuring the equipment and layout was appropriate i.e. very specific guidelines on dedicated v.c. rooms, regarding paint colour, lighting and I.T kit. Engaging with clinicians on the mainland also had its challenges and there remains reluctance from some areas to use videoconferencing as a way of providing healthcare, and an unwillingness to install the software required to run the v.c. system.

One of the visiting clinics piloted a video alternative which was developed to overcome staffing issues. The consultant works remotely and we have been able to provide him with secure access to all relevant electronic records and x/rays.

End stage palliative care consultations have been possible in patients' own homes, avoiding the need for patients at 'end of life' requiring to travel to access a service, or receive no service..

We have also used the software to allow a relative to attend virtually a funeral service in the



hospital chaplaincy from across the world.

### **What's next?**

Link this to your activities and learning detailed above.

What are your priorities for the coming year?

In the next year what will you continue, stop, start or do differently?

Staff health initiatives will continue through H.R. and the Healthy Working Lives programme as well as continued emphasis on walking and cycling initiatives for staff which will be promoted in staff newsletter and noticeboards. Dietary initiatives are embedded within the hospital setting and will be promoted to staff as and when they occur. Training will continue to be offered to staff on mental health along with advice on stress reduction and coping mechanism. To support active travel and encourage physical activity, a Cycle to Work scheme will be introduced towards the middle/end of 2018 for NHS staff.

Health Behaviour Change courses will continue to be run for staff, with Health Promotion staff holding lifestyle clinics in GP practices for members of the public to attend appointments. Through the Community Planning Partnership, NHS Western Isles is taking a lead on a physical activity strategy for the Outer Hebrides working in partnership with local authority and third sector and it is anticipated that this will be finalised by the end of 2018.

Frontline staff will continue to refer patients to the newly established Move More programme which will be launched Boardwide in September 2018 to offer people affected by cancer and/or long term conditions the opportunity to increase their physical activity, through a sustainable community based programme which also increases awareness of the benefits of physical activity and has a positive impact on the lives of participants.

We will introduce a "plain English guide to help sort out benefits" into the health behaviour change training to help support patients who may be experiencing financial difficulties and also a leaflet for new and prospective parents on "getting help with money during pregnancy and early years".

With regard to telehealth, we plan to scale up the programme to provide equity of service across the islands, develop a dedicated v.c. consultation suite that is fit for purpose, and re-invest the savings from patient travel back into improving service provision. This will allow us to provide remote diagnostic services enabling more v.c. appointments to take place. In order to reduce pressure on primary care, we will explore options in this setting to see how telehealth can be used effectively.

The introduction of a new universal pathway for health visitors will ensure more home visits are carried out and reduce the number of drop in sessions.

Following the Vitamin D work, other local departments have been looking to replicate the film commissioning to promote other health messages e.g. Health Visiting team promoting breastfeeding to school children. In addition, an animated short film is expected to be launched towards the end of 2018, continuing NHS Western Isle's efforts to promote Vitamin D awareness.

We will continue to start planning for the annual influenza campaign in May 2018 and work in

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partnership with Occupational Health/Pharmacy/Staff and Senior Management. It is also intended to produce a video to raise awareness and dispel myths relating to the vaccine.

## **Required section**

### **1. Recommended improvement areas for action from 2016/17 feedback report**

| <b>Recommended improvement areas for action from 2016/17 feedback report</b>  |   |
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| <b>Improvement area for action (2016/17 feedback report)</b>  | Provide a short summary with evidence on how your NHS board is progressing in each improvement recommendation. This may detail actions that have been or will be put in place to progress this area, and any impact seen so far. Where an action is still to be implemented please state how you will monitor and measure future progress.<br>(Provide lead contributor's name and job title for each improvement area)   |
| We recommend the measurement and analysis of the uptake of health improvement activities amongst staff. This will give the Board a better insight into which staff take up the health improvement offer and which need to be further targeted.  | Stuart King, Employee Relations Officer<br><br>Measurement on the uptake of health improvements of NHS staff is gathered (as detailed on previous pages) These numbers include training, occupational health support, physical activity and healthy eating events, attendance at drop ins, daily mile, induction training, and those who are absent from work through sickness, special leave, maternity, parental leave and the range of family friendly policies. Staff feedback is sought and this information is used to frame future events.   |
| We encourage NHS Western Isles to demonstrate how they develop the mental health service's workforce, in terms of their training on health improvement topics (i.e. in addictions/ alcohol and drugs, smoking, healthy weight: diet and physical activity), and support they require for the development of action plans that promote (physical and mental) health improvement for patients on admission and discharge. | Mike Hutchison, Associate Director of Mental Health & Learning Disabilities<br><br>Health Behaviour Change along with a range of health improvement training modules are now mandatory for staff in mental health to complete as part of their training plan. To date 20 staff have registered for Health Behaviour Change modules and a variety of other health improvement modules e.g. Raising the issue of Physical Activity, Smoking, Child Healthy weight and Mental health first aid for young people. This training now forms part of the discussion at annual appraisals.<br><br>Lifestyle discussions take place with patients although there have been issues including these questions onto electronic patient documentation. Questions are currently being drafted into documentation. |
| We continue to encourage all Boards to build in the measurement of impact of HPHS within any relevant strategic, or commissioning and implementation plans. We recommend that the Board records examples of   | Dr Maggie Watts, Director of Public Health<br><br>We have sought to raise awareness of the Health Promoting Health Service at all levels of staff. We presented a paper on the leadership and content of HPHS to the Board's Corporate Management Team in early 2018 setting out the principles and rationale of HPHS and highlighting the effective practice followed to date. We also included prospective planning for   |

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| how HPHS is making a difference. For example: performance indicators within routine enquiry of lifestyle services could be number of referrals to smoking cessation services and a performance indicators within routine enquiry of inequalities sensitive practice could be the financial gains/ outcomes generated for users of welfare advice services. | 2018/19 around the priorities for HPHS and the actions were supported and agreed by the senior managers of the Board, for dissemination wider. The actions included measures of effectiveness for monitoring. |
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Complete the exception table below where you have been unable to provide the requested evidence:

| Improvement area for action | <b>Recommended improvement areas for action from 2016/17 feedback report.</b><br>Exception submitted: <i>(Limit each entry to 200 words)</i> |
|-----------------------------|--|
|                             |  |
|                             |  |

## **Optional section**

### **2. HPHS 2015-2018: Topic/policy focused summary or case study**

NHS boards have the option to provide a topic/policy focused summary on an area of their choosing covering the time period 1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2018. Boards can present these summaries as a journey over the 3 year period, reporting where they started (1<sup>st</sup> April 2015) to where they are now (31<sup>st</sup> March 2018), highlighting key achievements, along with any learning.

Optional policy/topic area summaries can be reported for each of the three policy/topic areas of focus for HPHS:

- person-centred care,
- staff health and wellbeing, and
- hospital environment.

Boards might want to use these templates locally to help inform the development of the overarching summary of progress or facilitate discussion locally.

Please note, NHS Health Scotland plan to produce a national report for publication, highlighting Boards progress in their HPHS delivery. A selection of policy/topic summaries or case studies will also be featured, which NHS Health Scotland can work with you on to develop.

*Optional summaries can be reported using either the*

- *reporting summary template, or*
- *case study template (for a more personalised approach).*

*In addition to narrative, please feel free to include photos, charts, diagrams, staff or patient feedback or quotes etc.*

## HPHS topic/policy areas for optional reporting

### Person-centred care

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.

Boards can choose to report from the following topic areas that were previously covered in the CMO (2015) 19 letter.

- Inequalities sensitive practice
- promoting physical health in mental health units
- smoking cessation;
- alcohol brief interventions
- physical activity and active travel;
- maternity (promoting/supporting breastfeeding); or
- reproductive health (promoting/supporting Long Acting Reversible Contraception (LARC))

### Staff health and wellbeing (Previously section F within CMO (2015) letter annex A)

All staff work in an environment that promotes physical and mental health, safety and wellbeing.

Areas to cover could include the:

- approach that your NHS board is taking to influence and embed a healthier working culture and environment.
- details of activities undertaken and the difference made to improve staff health and wellbeing, and reduce staff absence.

### Hospital environment (previously section E: Food and Health within CMO (2015) letter annex A)

The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

Areas to cover could include the:

- approach that your NHS board is taking to influence and embed a healthier hospital environment.
- details of activities/interventions undertaken to create an environment where healthier choices are the easy choice and the difference that your actions have made.



| <b>Section 3. Topic/policy reporting summary template</b>   |  |
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| <b>Topic reporting section</b>  | <p><b>NHS board, contributor(s) &amp; role(s):</b></p> <p>NHS Western Isles<br/>         Dr Maggie Watts, Director of Public Health<br/>         Joanne O'Donnell, Smoking Cessation Coordinator</p> <p>Topic/policy area: Smoking Cessation/Prevention</p> <p>Rationale for choosing topic/policy area:<br/>         Smoking continues to be the greatest threat to Public Health in Scotland by some margin. By giving up smoking we can improve the health and life expectancy of the smoker and others.</p>  |
| <p><b>What did we do and why?</b><br/> <i>Rationale for activity/intervention.<br/>         What was delivered?<br/>         Include details on activities and who was reached.</i></p> | <p>Since 2015, Scotland has continued to make improvements by smoking prevention/cessation actions. Statistical information shows that in 2014, 20% of adults (22% male and 19% female) aged 16 years and above were cigarette smokers. Comparing this to 1999 when prevalence was at 30%, we can clearly see the positive impact from smoking actions such as the establishment of Smoke-free NHS Grounds. The five year government strategy, Creating a Tobacco-Free generation, set a target to reduce smoking prevalence to five percent or less in 2034. Looking at the current downward trend, we would envisage this as being a realistic target and could even be reached earlier.</p> <p>In the Western Isles we have made excellent progress around the NHS Smoke-free Hospital Grounds (SFG) ban, achieving smoke-free status two years earlier than the statutory requirement. We gained commitment through partnership working alongside other departments and have found staff and patients, although modest in numbers, have been referring and self-referring to our specialist cessation service using our SCI Gateway and self referral processes.</p> <p>The introduction of clinics in both the Western Isles and Uist and Barra hospitals to provide our smoking cessation service have proved extremely beneficial and we can often see patients on the same day.</p> <p><b>1. We have improved the access pathway to refer patients to our dedicated Smoking Cessation Service.</b></p> <p>Our pathway is generic to both primary and secondary care and remains available for alignment with Managed Clinical Networks (MCNs). MCNs include: Diabetes, Respiratory and CHD. These pathways have proved extremely beneficial in encouraging better referral mechanisms. They allow for direct contact between the clinical specialists and the smoking cessation service.</p> |

**2. We have ensured that our NHS premises and grounds remain smoke-free.**

The continuation to promote our Smoke-free Grounds Policy within all NHS premises and throughout 2015/18 has been of critical importance in encouraging, supporting and enabling smokers to quit.

In support we have provided attractive and user friendly signage outside all our premises and offered drop-in sessions for staff to ask questions and receive support from the smoking cessation specialist service.

**3. We have enabled NHS staff to be trained in an understanding of Health Behaviour Change (HBC).**

We have increased the number of staff trained in the role of HBC. This has given staff the skills to 'Raise the Issue of Smoking' with patients, offering the opportunity to receive support from the specialist services team.

**4. We have increased the number of referrals from the hospital setting.**

As a result of the above measures we are continuing to increase the number of referrals to our specialist service. By means of our database reporting we can advise the number of referrals from within the hospital setting are as detailed in Table 3.

**Table 3 Referrals for smoking cessation**

Source: NHS Western Isles, 2015/16-2017/18

| <b>Reporting Period</b>    | <b>YEAR 1</b>                     | <b>YEAR 2</b>                     | <b>YEAR 3</b>                     | <b>TOTAL</b>       |
|----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------|
|                            | <b>APR – MARCH</b><br>2015 - 2016 | <b>APR – MARCH</b><br>2016 - 2017 | <b>APR – MARCH</b><br>2017 – 2018 | <b>2015 - 2018</b> |
| <b>Number of referrals</b> | 28                                | 31                                | 33                                | 92                 |

**What difference did we make?**

*What was achieved? Consider national and local outcomes and indicators; as well as data sources and measures to provide evidence. Include quantitative (numerical) and*

Overall the improved referral Pathways for all the hospital settings across the Western Isles have ensured everyone has the opportunity to receive specialist support in trying to quit smoking. It was essential to develop access in a unified and simplistic manner, ensuring that we provide; person centred care, promotion of health and wellbeing and the improvement of the overall hospital environment and experience.

Our smoke-free grounds policy was implemented in 2013, two years earlier than the recommended date of November 2015. Since the implementation we have experienced very small numbers of breaches/issues around our policy. We have identified a number of

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| <p><i>qualitative (experiential) data sources.</i></p> | <p>reasons that perhaps contributed to this including:</p> <ul style="list-style-type: none"> <li>• Signage not being adequate (which was rectified)</li> <li>• Stress related – following receipt of bad news</li> <li>• Language or literacy issues</li> <li>• Simple refusal to comply..</li> </ul> <p>NHS Western Isles is committed to providing a safe and healthy environment for all their staff, patients and visitors and currently prohibits smoking in all of its properties, including all buildings, vehicles and grounds. In line with this our Smoking Policy is supported by a working group and is readily available to staff, patients and the public via the intranet, NHS web sites, staff induction days, training events, patient information (PFPI) documents, word of mouth, signage, posters and leaflets. We continue to improve on awareness and are currently supporting the Scottish Government changes to the Smoke-free Grounds Legislation.</p> <p>It is our aim to encourage smokers to be aware of our policy and to offer support from acute nicotine withdrawal in a supportive manner and by prescribing either Nicotine Replacement Therapy (NRT) or by use of non nicotine products such as Varenicline (Champix). Specialist support is always available from our highly trained cessation/prevention staff (health promotion).</p> <p>Staff are supported to use our DATIX facility to raise any issues quickly and in confidence.</p> <p>Delivering our Health Behaviour Change (HBC) training to hospital staff has improved skills and knowledge of 'Brief Intervention' and the importance of the referral pathway to the specialist service available.</p> <p>HBC training has been delivered to a wide range of staff including: Consultants, GPs (support to their patients whilst in hospital care), maternity, ward, diabetic, podiatry and occupational health staff and student nurses. This list is not exhaustive and training can be delivered to all staff, enabling them to 'Raise the Issue of Smoking' within the hospital setting.</p> <p>Referrals from our hospital settings between April 2015 to March 2018 have continuously improved and the total number (detailed in Table 3 above) shows 92 referrals compared to a total of 52 referrals between April 2012 to March 2015, an increase of 77%.</p> <p>In support to the hospital settings, we provide weekly clinics situated within the Diabetes Centre of the Western Isles Hospital and in various locations across our hospitals in Uist and Barra. This further provides an opportunity for staff, patients, contractors and the general public to engage with Smoking Cessation advisors quickly and with ease. It is our policy to enable patients to manage their smoking before, during and after admission, using the preferred method of SCI Gateway making it</p> |
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|   | <p>quick and easy to refer to the specialist smoking team.</p> <p>Our SCI Gateway dashboard provides us with the opportunity to record the number and designation of referrals across all our hospital settings for reporting purposes.</p>   |
| <p><b>What did we learn?</b><br/> <i>Reflect on what worked well/not so well and what the enablers/barriers were.</i><br/> <i>Have areas for improvement been identified and resulting actions put in place</i><br/> <i>(Evidence could include implementation of an action plan, or an improvement piece reporting change over the 3 years; how and what was changed and what worked).</i></p> | <p>Our main objective was to create a pathway that was simple and easy to use. It needed to be available to all staff at all times every day. As a result we have identified a marked improvement with an increase of over 79% in hospital referrals since the period 2012-2015 to 2015 - 2018.</p> <p>Training for our staff is delivered regularly and the referral processes are made clear and readily available. This has proved to be of major benefit in increasing awareness of the specialist cessation service on offer.</p> <p>The implementation of our smoke-free grounds policy has provided further value in offering advice and support to encourage smokers to quit or abstain whilst a patient within the hospital setting.</p> <p>We learned through consultation that the overall majority of people are very positive about hospitals being smoke-free and that the practices are aimed at helping people and that our patients and staff are both valued and important to us.</p> <p>Pivotal Learning and areas for improvement</p> <ol style="list-style-type: none"> <li>1. Ensure smoking cessation is continually available</li> <li>2. Work with Legislation to support our smoke free grounds policy</li> <li>3. Deliver training to all staff on a regular basis enabling updating of skills and knowledge to support patients and awareness for themselves if smokers.</li> </ol> |

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